AMENDMENT: ***Amendment changes appear in these sections:***

- ***Authorization and Intent (page 1):***
  - ***Application submission date has been extended to June 22, 2010***
  - ***Application deadline date has been extended to June 24, 2010***
- ***Submission Date and Time (page 72):***
  - ***Application submission date has been extended to June 22, 2010***
  - ***Application deadline date has been extended to June 24, 2010***

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations

I. AUTHORIZATION AND INTENT

Announcement Type:

- New – Type 1

Funding Opportunity Number: CDC-RFA-PS10-10138

Catalog of Federal Domestic Assistance Number: 93.940 HIV PREVENTION ACTIVITIES FOR HEALTH DEPARTMENTS.

Key Dates:

Application Submission Date: ***June 22, 2010*** (See full explanation in note found in Section V. Application Submission)

Application Deadline Date: ***June 24, 2010***

Authority: Sections 301 and 318 of the Public Health Service Act (42 U.S.C. Section 241 and 247c), as amended.

Background

More than 25 years into the epidemic, HIV continues to exact a tremendous toll in the United States. CDC estimates that, in this country, over 50,000 new HIV infections occur each year and 1.1 million Americans are living with HIV. The epidemic continues to have a disproportionate impact on racial and ethnic minority populations – particularly African Americans and Hispanics – and on men who have sex with men (MSM) and injection drug users (IDUs), regardless of race or ethnicity. An estimated 62% of new infections in 2006 occurred among African Americans (45%) and Hispanics (17%). The estimated HIV incidence rate among African American males was 5.9 times the rate among white males; the rate among Hispanic males was 2.2 times the rate among white males. The estimated incidence among African American females was 14.7 times the rate among white females; the rate among Hispanic females was 3.8 times the rate among white females. Overall, MSM, IDUs, and MSM/IDUs accounted for an estimated 69% of new infections. Among whites, the majority (83%) of infections occurred among MSM, IDUs, and MSM/IDUs. Among heterosexuals, the majority (80%) of new infections were among African Americans (63%) and Hispanics (17%).

In 2008, CDC estimated that 21% of persons living with HIV in the United States did not realize they were infected. Late diagnosis of HIV infection also remains a problem. Data from 2007 indicate that approximately 36% of persons diagnosed with HIV were diagnosed with AIDS within a year. Late diagnosis was more frequent for persons aged 35 years and older, Hispanics, male IDUs, and males with infection attributed to heterosexual contact. HIV testing provides a critical pathway to prevention and treatment services that can prolong lives and help stop the

spread of HIV in the most affected communities across the United States. When HIV is diagnosed early, appropriately timed interventions, particularly highly active antiretroviral therapy (HAART), can lead to improved health outcomes and reduced infectiousness. HIV-infected persons who are undiagnosed or diagnosed late miss important chances to seek care and to protect their partners from infection. For these reasons, promoting wider knowledge of HIV infection remains one of CDC's top HIV prevention priorities.

In 2007, CDC implemented a new HIV testing program – PS 07-768: *Expanded and Integrated Human Immunodeficiency Virus (HIV) Testing for Populations Disproportionately Affected by HIV, Primarily African Americans* – aimed at (1) significantly increasing the number of persons tested each year in jurisdictions with a high incidence of HIV among disproportionately affected populations and (2) supporting dissemination and implementation of its *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. Through PS 07-768, grantees achieved several notable successes:

- In the first two years, conducted over 1.4 million HIV tests.
- Established new relationships with, and initiated routine HIV screening programs in, a variety of healthcare settings, including emergency departments, sexually transmitted disease (STD) clinics, tuberculosis (TB) clinics, state and local jails, urgent care clinics, and community health centers.
- Successfully targeted African Americans: In the first two years, approximately 65% of tests were among African Americans.
- Achieved high success rates in linking persons with newly diagnosed HIV infection to medical care, partner services, and other support services (for example, housing assistance).

- Strengthened public health and preventive care infrastructure, particularly in venues and communities serving disproportionately affected populations.

This funding opportunity announcement (FOA) is intended to sustain progress made under announcement PS 07-768 and expand routine testing services to new clinical venues to reach a broader array of at-risk populations. The FOA includes two components: Part A – HIV Screening and HIV Counseling, Testing, and Referral; and Part B – Enhanced Linkage to Medical Care and Partner Services.

Purpose

The purpose of this program is to increase HIV testing opportunities for populations disproportionately affected by HIV – primarily (1) African American and Hispanic men and women, and (2) men who have sex with men (MSM) and injection drug users (IDUs), regardless of race or ethnicity – and increase the proportion of HIV-infected persons in these populations who are aware of their infection and are linked to appropriate services. The program is also intended to identify strategies for leveraging resources to maximize the yield and sustainability of routine HIV screening programs in healthcare settings (for example, working with participating healthcare facilities to implement strategies for obtaining reimbursement for HIV screening from 3rd party payers, promoting routine HIV screening in healthcare facilities not directly involved in the program).

Program Goals and Objectives

The following are specific, national-level goals and objectives for this program:

Goals	Objectives
• Among populations disproportionately affected by HIV – primarily (1) African American and Hispanic men and women, and (2) MSM and IDUs, regardless of race or ethnicity – increase the number of persons who receive HIV testing, and the number and proportion of HIV-infected persons who are aware of their infection, through the following strategies: ▪ Routine HIV screening in healthcare settings serving these populations. ▪ Expanded, targeted HIV counseling, testing, and referral (CTR) in non-clinical settings or venues where high-risk members of these populations can be accessed.	• In the first year, conduct approximately 1.1 million HIV tests and identify approximately 5,500 HIV-infected persons who were previously not aware of their infection. When the program is fully implemented, annually conduct approximately 1.3 million HIV tests and identify approximately 6,500 HIV-infected persons who were previously not aware of their infection. • Ensure that at least 85% of persons who test positive for HIV receive their test results. • For targeted CTR in non-clinical settings or venues, achieve at least a 1.0% rate of newly identified HIV-positive tests annually.
• Ensure that persons testing positive for HIV infection (new positives and previously diagnosed positives not in care) receive prevention counseling and are linked to medical care, partner services, and HIV prevention services.	• Ensure that at least 80% of persons who receive their HIV positive test results are referred to medical care and attend their first appointment. • Ensure that at least 75% of persons who receive their HIV positive test results are referred to partner services. • Ensure that at least 75% of persons who receive their HIV positive test results receive

	prevention counseling or are referred to prevention services.
• Promote adoption of sustainable, routine HIV screening programs in healthcare facilities, consistent with CDC's 2006 *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*.	Over the course of the project, in the funded jurisdictions, increase the number of healthcare facilities that have implemented sustainable, routine HIV screening programs consistent with CDC's 2006 guidelines.
• Support integration of HIV testing with testing and prevention services for other infections, such as hepatitis C virus (HCV), hepatitis B virus (HBV), other sexually transmitted diseases (STDs), and tuberculosis (TB).	• Over the course of the project, in the funded jurisdictions, increase the number of venues offering integrated testing programs for HIV, HCV, HBV, other STDs, and TB.

This program addresses the "Healthy People 2010" focus area(s) of HIV prevention.

Executive Summary

The Centers for Disease Control and Prevention announces the availability of fiscal year 2010 funds for a cooperative agreement program for health departments to increase HIV testing opportunities for populations disproportionately affected by HIV — primarily (1) African American and Hispanic men and women, and (2) men who have sex with men (MSM) and injection drug users (IDUs), regardless of race or ethnicity — and increase the proportion of

HIV-infected persons in these populations who are aware of their infection and are linked to appropriate services.

The Funding Opportunity Announcement (FOA) includes two components:

- Part A – HIV Screening and HIV Counseling, Testing, and Referral. Part A has two categories of program services: Category 1 – HIV Screening in Healthcare Settings, and Category 2 – HIV Counseling, Testing, and Referral in Non-healthcare Settings. Applicants may apply for funding under Category 1 or both Categories 1 and 2, but not Category 2 alone. Service integration is an optional activity under Part A.
- Part B – Enhanced Linkage to Medical Care and Partner Services.

Applicants must apply for Part A. Applying for Part B is optional.

This FOA is limited to health departments in jurisdictions with at least 175 estimated combined AIDS diagnoses among Blacks/African Americans and Hispanics/Latinos in 2007. Eligible jurisdictions are as follows: Alabama, Arizona, California, Chicago, Connecticut, District of Columbia, Florida, Georgia, Houston, Illinois, Los Angeles, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, New Jersey, New York City, New York State, North Carolina, Ohio, Pennsylvania, Philadelphia, Puerto Rico, San Francisco, South Carolina, Tennessee, Texas, and Virginia. Community-based organizations; for-profit entities; public non-profit, private non-profit, faith-based, and tribal organizations; and colleges and universities are not eligible to apply for funding under this FOA.

For Part A (HIV Screening and HIV Counseling, Testing, and Referral), CDC expects to award approximately 30 cooperative agreements. The average awards will be proportionately based on estimated combined AIDS diagnoses among Blacks/African Americans and Hispanics/Latinos in 2007. For Part B (Enhanced Linkage to Medical Care and Partner Services), CDC expects to award approximately 5 cooperative agreements. The average award for Part B will be approximately $200,000 for the first 12-month budget period. The project period for this FOA is up to three years, with funding for the first year directed by CDC and all subsequent years of funding based on appropriation of funds.

Measurable outcomes of the program will be in alignment with one or more of the following performance goal(s) for the National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP):

- Decrease the annual HIV incidence rate.
- Increase the proportion of HIV-infected people in the United States who know they are infected.
- Increase the proportion of HIV-infected persons who are linked to prevention and care services.

Program Collaboration and Service Integration (PCSI)

This program supports the NCHHSTP program imperative calling for program collaboration and service integration (PCSI). The rationale for PCSI is to maximize the health benefits that persons receive from prevention services by increasing service efficiency; maximizing opportunities to screen, test, treat, or vaccinate those in need of these services; improving the

health among populations negatively affected by multiple diseases; improving operations through the use of shared data; and enabling service providers to adapt to, and keep pace with, changes in disease epidemiology and new technologies.

This announcement encourages and supports integration of diagnostic and prevention services for the Human Immunodeficiency Virus (HIV), hepatitis C virus (HCV), hepatitis B virus (HBV), sexually transmitted diseases (STD); and tuberculosis (TB) because of CDC's greater understanding of the extent to which:

- STDs increase the risk for HIV infection.
- Control of TB, viral hepatitis, and STDs is needed to protect the health of HIV-infected persons.
- HIV, viral hepatitis and STDs share common risks and modes of transmission.
- Risks for acquiring theses diseases are associated with similar behaviors and environmental conditions and have reciprocal or interdependent effects.
- Clinical course and outcomes of these diseases are influenced by co-infection (for example, HIV/TB can be deadly, and TB accelerates HIV disease progression).
- Populations disproportionately affected by HIV are also disproportionately affected by infections with TB, HCV, HBV, and STDs.

Details of this strategy and approach are outlined in the NCHHSTP White Paper which can be found at http://www.cdc.gov/nchhstp/programintegration.

Reduction of Health Disparities

The program supports efforts to improve the health of populations disproportionately affected by HIV/AIDS, viral hepatitis, STDs, TB, and related diseases and conditions, and to help eliminate health disparities. Disparities in HIV/AIDS, viral hepatitis, STDs, and TB disproportionately affect racial/ethnic, gender minorities and other vulnerable populations. Health disparities in HIV/AIDS, viral hepatitis, STDs, and TB are inextricably linked to a complex blend of social and economic determinants, which determine populations most severely impacted by these diseases.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:
http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm

II. PROGRAM IMPLEMENTATION

This Funding Opportunity Announcement includes two parts:

- Part A – HIV Screening and HIV Counseling, Testing, and Referral.
- Part B – Enhanced Linkage to Medical Care and Partner Services.

Applicants must apply for Part A. Applying for Part B is optional.
An overview of required and optional recipient activities is provided in Attachment 1.

Note: Applications should be shared with, and supported by, the jurisdiction's HIV Prevention Community Planning Group (CPG).

Recipient Activities:

Part A – HIV Screening and HIV Counseling, Testing, and Referral (Required)

1. <u>Program Services</u> (Required)

Part A has two categories of program services: Category 1 – HIV Screening in Healthcare Settings, and Category 2 – HIV Counseling, Testing, and Referral in Non-healthcare Settings. Applicants may apply for funding under Category 1 or both Categories 1 and 2, but not Category 2 alone. If applying for both Categories 1 and 2, at least 70 percent of funds must be allocated to Category 1.

Category 1 – HIV Screening in Healthcare Settings (Required)

Applicants funded under Part A, Category 1 will promote integration of routine HIV screening into healthcare settings in accordance with CDC's 2006 *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*.

<u>Venues</u>

Potential venues in which HIV screening may be conducted under Part A, Category 1 include, but are not limited to, the following:

- Emergency departments (EDs).
- Urgent care clinics (UCCs).
- Inpatient settings.
- Primary care facilities.
    - Primary care clinics.
    - Community health centers.
    - Health Maintenance Organizations (HMOs).

  - Family planning and reproductive health clinics.
  - College and university student health clinics.
  - Pharmacy-based clinics (that is, clinics located in pharmacy facilities).
  - Retail clinics (that is, clinics located in retail store facilities).
- STD clinics.
- TB clinics.
- Other public health clinics.
- Dental clinics.
- Correctional facility clinics.
- Substance abuse treatment facilities (including methadone clinics).

When identifying potential clinical venues for this program, applicants may find the following information useful: In the first 18 months of PS07-768 (Expanded and Integrated HIV Testing for Populations Disproportionately Affected by HIV, Primarily African Americans), 651,408 HIV tests were done in clinical settings. Of these, the percent of all tests done and the rate of new positive tests, by type of setting, were as follows: emergency departments – 34% (rate 0.94); STD clinics – 25% (rate 0.70); community health centers – 18% (rate 0.75); correctional facility clinics – 13% (rate 0.86); inpatient medical units – 1.4% (rate 0.58); TB clinics – 1.2% (rate 0.52); substance abuse treatment centers – 1.1% (rate 0.67); and urgent care clinics – 1.0% (rate 0.59). Proportions and rates will vary depending on local HIV prevalence and setting.

Recipient (grantee) activities under Part A, Program Services, Category 1 are as follows:

A. HIV SCREENING (Required)

1) Use the jurisdiction's comprehensive HIV prevention community plan, epidemiologic profile, and other available data to identify areas with high HIV incidence or prevalence and healthcare facilities that serve the target population(s) (that is, candidate healthcare facilities).
2) Promote routine HIV screening to administrators, managers, and clinical service directors at candidate healthcare facilities and engage them to support, develop, implement, and maintain routine HIV screening programs in their facilities.
   a) For those already doing routine HIV screening, promote expansion of the program (for example, expanding the program to include new areas or departments in the facility or increasing the number of days or hours during which routine screening is done).
   b) For those not already doing routine HIV screening, promote development of new programs.
3) Work with administrators, managers, and clinical directors of healthcare facilities that agree to participate in the program (that is, participating healthcare facilities) to develop and implement detailed plans for conducting routine HIV screening activities.
4) Ensure that these programs include the following:
   a) Promoting the program to staff, educating providers and other appropriate staff about routine HIV screening, and gaining their support for the program.
   b) Promoting routine HIV screening to patients/clients.
   c) Providing routine, voluntary screening to patients/clients.
      (1) If implementing this program in EDs, UCCs, inpatient facilities, primary care facilities, STD clinics, TB clinics, or other public health clinics, provide routine, voluntary HIV screening for patients aged 13—64 years.

(2) If implementing this program in correctional health settings (for example, as part of intake medical evaluation in jails), provide voluntary HIV screening for all inmates, in accordance with current guidelines and recommendations (Attachment 2).

(3) If implementing this program in substance abuse treatment facilities, provide voluntary HIV screening for all clients.

d) Using test technologies (for example, conventional testing with rapid turn-around, rapid tests) and strategies (for example, use of incentives) that will maximize the proportion of persons tested who receive their results.

e) Delivering all services in a culturally and linguistically appropriate manner.

f) Delivering all services in a manner consistent with applicable CDC guidelines and recommendations (Attachment 2).

5) Encourage the use of opt-out consent procedures, where allowable and appropriate.

a) For states that do not allow opt-out consenting, or in settings in which opt-out consenting is not appropriate, ensure that all patients are actively offered screening, in accordance with appropriate consent procedures.

6) Ensure that patients/clients receive their test results, especially those who test positive for HIV.

a) If using rapid HIV tests, ensure that individuals with reactive rapid tests (that is, preliminary positive results) receive confirmatory tests.

7) Ensure that persons who test positive for HIV (including persons newly diagnosed with HIV and, when appropriate, persons previously diagnosed) receive the following services:

a) Prevention counseling.

b) Linkage to medical care (including recommended screening for STDs, TB, and viral hepatitis) as soon as possible after diagnosis.

(1) If implementing this program in correctional facility clinics, develop and implement strategies for linking inmates who test positive to medical care at the time of release.

c) Initiation of partner services as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements (Attachment 2).

8) Maximize the likelihood that the programs developed will be sustainable (for example, consider "integrated" models using regular clinic staff, rather than "parallel" models that rely on special staff).

a) Use all available mechanisms to obtain reimbursement for HIV screening from 3rd party payers (for example, Medicare, Medicaid, private insurance, HMO programs).

b) If necessary, use funds from this FOA for screening persons not eligible for other coverage for HIV screening (for example, provide test kits if doing rapid testing; reimburse facilities for cost of testing [rapid or conventional]; develop "fee for service" schedules that incentivize testing and other key outcomes, such as linkage to medical care and partner services).

9) Explore opportunities for integrating HIV screening into other screening programs conducted at participating facilities (for example, blood pressure, diabetes, and cholesterol screening).

10) When implementing HIV screening programs, explore opportunities to facilitate voluntary screening and testing for other STDs (for example, syphilis, gonorrhea, chlamydial infection), hepatitis B, hepatitis C, and TB, in accordance with current CDC guidelines and recommendations (Attachment 2).

a) Use the jurisdiction's comprehensive HIV prevention community plan, epidemiologic profile, and other data (for example, data from STD, TB, and hepatitis surveillance) to assess the potential value and feasibility of integrating screening and testing for other STDs (for example, syphilis, gonorrhea, chlamydial infection), hepatitis B, hepatitis C, and TB into the HIV screening programs funded under this FOA.

11) Explore strategies for promoting routine HIV screening at other healthcare facilities (that is, facilities other than those with which the grantee is directly collaborating on this program). This may include providing or coordinating training and technical assistance.

B. SERVICE INTEGRATION (Optional)

1) If implementing integrated screening activities (for example, screening for STDs, hepatitis, and TB) under Part A, Category 1 of this program, grantees should do the following:

a) Work with clinic or facility administrators, managers, and clinical directors to plan, develop, and implement the activities.

b) Work with STD, hepatitis, and TB programs to design, develop, and implement the activities, including referral and linkage to appropriate evaluation, treatment, and vaccination (for example, hepatitis A and B vaccination).

c) Use all available mechanisms to obtain reimbursement for these integrated screening activities from 3rd party payers (for example, Medicare, Medicaid, private insurance, HMO programs).

d) Ensure that patients/clients receive their test results, especially those who test positive.

e) Ensure that patients/clients who test positive are linked to medical care and receive timely and appropriate evaluation and treatment.

f) For patients/clients who test positive for other STDs, ensure that partner services are initiated as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements (Attachment 2).

g) For patients/clients who are candidates for hepatitis A or B vaccination, provide referral or linkage to these services.

h) Periodically review monitoring data with the participating healthcare facilities to assess the value of continuing screening for other STDs, viral hepatitis, and TB.

2) If implementing integrated screening activities under Part A, Category 1 of this program:

a) Funds from this FOA should be used only for screening persons not eligible for other coverage.

b) Funds from this FOA may be used for other screening tests as described above only if the other tests are done in conjunction with HIV screening, are indicated by epidemiologic data, and are in accordance with current CDC guidelines and recommendations (Attachment 2). HIV Prevention Community Planning Groups (CPGs) should be involved in this decision (for example, indicate in the jurisdiction's Comprehensive HIV Prevention Community Plan the need to provide such services).

c) Funds from this FOA may not be used for clinical services (for example, treatment of HIV, STDs, viral hepatitis, TB, or TB infection; vaccination against hepatitis A or hepatitis B). Arrangements for these clinical services should be made through collaboration with STD, hepatitis, and TB programs or other clinical care providers.

Category 2 – HIV Counseling, Testing, and Referral in Non-healthcare Settings (Optional)

Applicants funded under Part A, Category 2 will work with community-based organizations (CBOs) or other service organizations to develop and implement programs for HIV counseling, testing, and referral (CTR) in non-healthcare settings. These programs should primarily target MSM, transgender persons, and IDUs, regardless of race or ethnicity. In addition, groups such as Black/African American and Hispanic/Latina women at risk may be targeted if this is supported by available data and analysis of service gaps. Activities conducted in these programs should be consistent with current CDC guidelines and recommendations for CTR (Attachment 2). At present, the applicable guidelines are CDC's 2001 *Revised Guidelines for HIV Counseling, Testing, and Referral*. CDC is developing revised guidelines for HIV CTR in non-healthcare settings, which will be published in 2010.

Venues

Potential venues or settings in which HIV CTR may be provided under Part A, Category 2 include places where high-risk members of the target population(s) can be accessed. Examples include, but are not limited to, the following:

- Established counseling and testing sites (for example, on-site testing at a CBO, existing mobile units)
- Homeless shelters/Transitional housing
- Bathhouses
- Bars
- Public places where high-risk persons congregate (for example, street locations, parks, beaches, Internet cafés)

- Commercial sex locations (for example, strip clubs, gentlemen's clubs)
- Dance clubs or circuit parties
- Gay Pride events
- Syringe exchange programs
- Commercial locations (for example, tattoo parlor, adult bookstore)
- Internet
- College and university student centers
- Faith-based settings (for example, churches, synagogues, mosques, temples)

Recipient (grantee) activities under Part A, Program Services, Category 2 are as follows:

A. HIV COUNSELING, TESTING, AND REFERRAL (Required if applying for Category 2)

1) Identify and contract with CBOs or other service organizations that have the following characteristics:

a) Experience providing CTR services in non-healthcare settings.

b) Experience working with the target population(s).

2) Work with participating CBOs or other service organizations to conduct formative work to do the following:

a) Identify preferred strategies for accessing high-risk members of the target population(s) and recruiting them for CTR. Strategies may include, but are not limited to, various combinations of the following: (1) social network strategies; (2) street-, community-, or venue-based outreach (conducted by peers or staff of the organization); (3) inreach (recruitment from other programs conducted by the organization); (4) integration of CTR into other programs conducted by the organization (that is, "bundling" of

services); (5) agency referral (establishing formal arrangements for referral from other agencies); and (6) promotional activities (for example, social marketing, working through local businesses and social or civic organizations, Internet marketing, other information technologies).

b) Identify specific settings or venues in which high-risk members of the target population(s) can be accessed.

Note: Formative work may include, but is not limited to, the following: (1) synthesizing information from the jurisdiction's HIV prevention community plan and epidemiologic profile, (2) identifying and analyzing other available data (for example, local surveys), and (3) conducting focus groups or key informant interviews with members of the target population(s).

3) Work with participating CBOs or other service organizations to develop and implement detailed plans for providing CTR services, based on the formative work conducted previously.

4) Ensure that these programs include the following:

a) Working with gatekeepers to gain access to targeted settings and venues.

b) Promoting the program to members of the target population(s), key stakeholders, and other potential supporters.

c) Recruiting for CTR high-risk members of the target population(s) who do not know their HIV status.

d) Obtaining informed consent for testing, using appropriate consent procedures that adhere to all state and local requirements.

e) Providing HIV tests to clients who give informed consent.

f) Using test technologies (for example, rapid tests) and strategies (for example, use of incentives) that will maximize the proportion of persons tested that receive their results

g) Achieving at least a 1% rate of newly identified positive tests when the program is fully implemented (that is, all contracts with participating CBOs or other service organizations have been executed, health department and subcontractor staff have been hired and trained, all necessary policies and procedures have been developed and implemented, all necessary supplies and materials have been procured, and necessary technical assistance has been provided).

h) Taking corrective actions if the rate of newly diagnosed positive tests is not at least 1%.

i) Delivering all services in a manner consistent with current CDC guidelines and recommendations (Attachment 2).

j) Educating program staff about partner services and gaining their support for these services.

k) Delivering all services in a culturally and linguistically appropriate manner.

5) Ensure that clients receive their test results, especially those who test positive for HIV.

a) If using rapid HIV tests, ensure that individuals with reactive rapid tests (that is, preliminary positive results) receive confirmatory tests.

6) Ensure that persons who test positive for HIV (including persons newly diagnosed with HIV and, when appropriate, persons previously diagnosed) receive the following services:

a) Prevention counseling and, if needed, referral to other prevention services.

b) Linkage to medical care (including recommended screening for STDs, TB, and viral hepatitis) as soon as possible after diagnosis.

c) Initiation of partner services as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements (Attachment 2).

d) Referral to other services (for example, housing, legal services, partner violence services), as needed.

7) Ensure that persons who test negative for HIV, but are at high risk for becoming infected, receive prevention counseling (and referral to other prevention services, if needed).

8) Use the jurisdiction's comprehensive HIV prevention community plan, epidemiologic profile, and other data (for example, data from STD, TB, and hepatitis surveillance) to assess the potential value and feasibility of integrating screening and testing for other STDs (for example, syphilis, gonorrhea, chlamydial infection), hepatitis B, hepatitis C, and TB into the HIV CTR programs funded under this FOA.

B. SERVICE INTEGRATION (Optional)

1) If implementing integrated screening activities (for example, screening for STDs, hepatitis, and TB) under Part A, Category 2 of this program, grantees should do the following:

a) Work with interested participating CBOs or other service organizations to plan, develop, and implement the activities, in accordance with current CDC guidelines and recommendations (Attachment 2).

b) Work with STD, hepatitis, and TB programs to design, develop, and implement the activities.

c) Ensure that clients receive their test results, especially those who test positive.

d) Ensure that clients who test positive are linked to medical care and receive timely and appropriate evaluation and treatment.

e) For clients who test positive for other STDs, ensure that partner services are initiated as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements (Attachment 2).

f) For clients who are candidates for hepatitis A or B vaccination, provide referral or linkage to these services.

g) Periodically review monitoring data with the participating CBOs or other service organizations to assess the value of continuing screening for other STDs, viral hepatitis, and TB.

2) If implementing integrated screening activities under Part A, Category 2 of this program:

a) Funds from this FOA may be used for other screening tests as described above only if the other tests are done in conjunction with HIV screening, are indicated by epidemiologic data, and are in accordance with current CDC guidelines and recommendations (Attachment 2). HIV Prevention CPGs should be involved in this decision (for example, indicate in the jurisdiction's Comprehensive HIV Prevention Community Plan the need to provide such services).

b) Funds from this FOA may not be used for clinical services (for example, treatment of HIV, STDs, viral hepatitis, TB, or TB infection; vaccination against hepatitis A or hepatitis B). Arrangements for these clinical services should be made through collaboration with STD, hepatitis, and TB programs or other clinical care providers.

2. <u>Program Support</u> (Required)

Categories 1 and 2

Applicants funded under Part A (either for Category 1 or for both Category 1 and Category 2) must (a) conduct or coordinate training and technical assistance; (b) ensure adequate staffing; (c) conduct quality assurance activities; (d) collect, manage, and report data; and (e) monitor and evaluate activities, as described below.

Recipient (grantee) activities under Part A, Program Support are as follows:

A. MANAGEMENT AND PLANNING

1) Plan, manage, and oversee all aspects of the program.

B. TRAINING

1) Ensure that all health department staff are appropriately trained for their respective job responsibilities under this program.
2) Provide or coordinate training for staff of participating healthcare facilities and CBOs or other service organizations. See Attachment 3 for examples of topic areas in which training or technical assistance may be needed.
3) Track and document provision of training to health department staff and staff of participating healthcare facilities and CBOs or other service organizations.

C. TECHNICAL ASSISTANCE

1) Provide or coordinate technical assistance for participating healthcare facilities and CBOs or other service organizations. See Attachment 3 for examples of topic areas in which training or technical assistance may be needed.

2) Develop a referral network and educate staff at participating healthcare facilities and CBOs or other service organizations about how to use the network.
3) Facilitate exchange of information and peer-to-peer consultation and technical assistance among sites (for example, convening jurisdiction-level workshops, development of collaborations).
4) Track and document provision of technical assistance to participating healthcare facilities and CBOs or other service organizations.

D. STAFFING

1) Secure appropriate staff for all aspects of the program.

E. QUALITY ASSURANCE (QA)

1) Develop and implement QA mechanisms to ensure that:
   a) Services are provided in a technically competent manner and are consistent with current CDC guidelines and recommendations.
   b) Services are culturally and linguistically appropriate and staff are trained accordingly.
   c) All staff have appropriate training for their respective roles.
   d) Positive test results are reported to the appropriate local or state surveillance and partner services programs, in accordance with applicable laws and regulations.
   e) Persons who test positive receive their test results.
   f) Persons who test positive are linked to medical care.
   g) Persons who test positive have partner services initiated.

h) Rapid testing (including storage and use of kits and supplies) is carried out in accordance with manufacturers' instructions.

i) Appropriate laboratory QA procedures are in place.

2) Make QA policies and procedures available and accessible to all staff working in this program.

F. DATA COLLECTION AND REPORTING

1) Ensure that positive test results are reported to the appropriate local or state surveillance and partner services programs, in accordance with applicable laws and regulations.

2) Develop reliable methods for distinguishing newly diagnosed cases of HIV from previously diagnosed cases (for example, verification via HIV surveillance database).

3) Collect and submit test-level data in accordance with CDC National HIV Monitoring and Evaluation (NHM&E) requirements (OMB #0920-0696). (CDC will provide guidance on these requirements.)

a) Use CDC software or other CDC-approved reporting system to submit test-level data to CDC.

b) If funds from this FOA are used for other screening and testing services (for example, syphilis, gonorrhea, chlamydial infection, hepatitis B, hepatitis C, TB), develop, implement, and maintain mechanisms for collecting data to track these services and submitting the data to CDC.

4) Develop systems (or use existing systems) for managing program data, including assuring client confidentiality and adhering to policies and practices for data security. This includes signing a Memorandum of Understanding (MOU) that these requirements are

being met. The MOU will be attached to CDC's Assurance of Confidentiality, which will be available at the time that awards are made.

5) Report core program performance indicators for HIV prevention activities to CDC, as specified in CDC's technical guidelines for HIV prevention program indicators. (CDC will provide these guidelines.)

6) Develop and implement a process to ensure that data collection, entry, management (including quality assurance activities), submission, analysis, utilization, dissemination, and data security and confidentiality are consistent with CDC guidelines. (CDC will provide these guidelines, which will be available at the time that awards are made.)

7) Collect and submit additional information as required for interim and annual progress reports.

G. MONITORING AND EVALUATION

1) Develop and submit to CDC a detailed monitoring and evaluation (M&E) plan that includes the following:

   a) Description of the program.

      (1) Goals and SMART (specific, measurable, actionable, realistic, and time-phased) objectives.

      (2) Activities that will be conducted to meet the objectives.

   b) Questions to be answered through program monitoring and evaluation.

   c) Measures that will be used, and data that will be needed, to answer the M&E questions.

   d) Data collection plans, timelines, and tools.

   e) Data analysis plan.

f) Data use plan: how, by whom, and when data will be used to measure progress toward meeting objectives and to improve program performance.

g) Plan for sharing data with participating healthcare facilities, CBOs or other service organizations, and key stakeholders.

h) For Category 1 programs (healthcare settings), the M&E plan must include processes for monitoring the yield of newly diagnosed HIV infections in individual healthcare facilities. It must also include plans for addressing situations in which the yield is low, including selecting alternative sites.

i) For Category 2 programs (CBOs or other service organizations), the M&E plan must include monitoring the rate of positive HIV tests and the yield of newly diagnosed HIV infections to assess the effectiveness of targeting. It must also include plans for working with CBOs or other service organizations that are achieving low yield (for example, a new positive rate of less than 1%), including improving targeting or selecting new sites.

j) If funds from this FOA will be used for other screening tests (for example, syphilis, gonorrhea, chlamydial infection, hepatitis B, hepatitis C, TB), the M&E plan must include monitoring and evaluation of the planned service integration activities.

Part B – Enhanced Linkage to Medical Care and Partner Services (Optional)

1. <u>Program Services</u> (Required if applying for Part B)

Applicants funded under Part B, Program Services will provide enhanced linkage to medical care and partner services to HIV-positive persons (new and previously diagnosed) identified in the screening or CTR programs funded under this FOA; ensure that these persons receive

recommended screening for other STDs, viral hepatitis, and TB; and provide partner services to HIV-infected persons who are subsequently diagnosed with other STDs or report unprotected sex.

Recipient (grantee) activities under Part B, Program Services are as follows:

A. ENHANCED LINKAGE

1) Recruit healthcare facilities and CBOs or other service organizations funded under Part A of this FOA to participate in this activity.
2) Identify HIV medical care providers to collaborate in this activity.
3) Work with participating healthcare facilities and CBOs or other service organizations and collaborating HIV medical care providers to develop and implement detailed plans for enhanced linkage services.
4) Actively link HIV-infected persons (whether newly diagnosed or previously diagnosed but not in care) identified through the screening programs funded under this FOA to medical care.
    a) Assist HIV medical care providers with (1) locating HIV-infected patients who are lost to follow-up within three months after their first medical appointment and (2) facilitating their re-entry into care.
5) Educate staff of participating healthcare facilities and CBOs or other service organizations, as well as collaborating HIV medical care providers, about partner services and enlist their support for these services.
6) Initiate partner services as soon as possible for HIV-infected persons (whether newly diagnosed or previously diagnosed but not in care) identified through the screening

programs funded under this FOA, in accordance with CDC recommendations and state and local requirements (Attachment 2).

7) Ensure that HIV-infected persons linked to care receive appropriate HIV/STD prevention counseling and other HIV/STD prevention interventions, as needed, in accordance with CDC guidelines and recommendations (Attachment 2).
8) Ensure that HIV-infected persons linked to care receive screening, treatment, and prevention services for syphilis, gonorrhea, chlamydial infection, hepatitis A, hepatitis B, hepatitis C, and TB at their initial evaluations, in accordance with CDC guidelines and recommendations, and as indicated by local epidemiology (Attachment 2).
9) Ensure that HIV-infected patients are screened for other STDs, risk behaviors, and new partners at routine follow-up visits, in accordance with CDC recommendations (Attachment 2).
10) Initiate partner services for HIV-infected patients who are diagnosed with other STDs or report risk behaviors or new partners, in accordance with CDC recommendations and state and local requirements (Attachment 2).
11) In addition to the requirements for data collection, management, and reporting described for Part A of this FOA, collect and report additional data on screening and testing conducted for syphilis, gonorrhea, chlamydial infection, hepatitis B, hepatitis C, and TB in HIV-infected persons linked to care.
12) Work with CDC and other grantees funded for Part B to develop and implement an M&E plan, with cross-site process and outcome measures for all activities. The M&E plan should include collection of cost data.

2. <u>Program Support</u> (Required if applying for Part B)

In addition to the program support activities described under Part A, applicants funded under Part B will be responsible for other program support activities specific to Part B, as described below.

Recipient (grantee) activities under Part B, Program Support are as follows:

A. MANAGEMENT AND PLANNING

1) Plan, manage, and oversee all aspects of the program.

B. TRAINING AND TECHNICAL ASSISTANCE

1) In addition to the requirements for provision or coordination of training and technical assistance described for Part A of this FOA, provide or coordinate training and technical assistance for the following areas:
   a) Screening HIV-infected persons for other STDs and risk behaviors.
   b) Incorporating HIV prevention into the medical care of HIV-infected persons (that is, "prevention in care").

C. STAFFING

1) Secure appropriate staff for all aspects of the program that are not addressed by staffing for Part A of this FOA.

D. QUALITY ASSURANCE (QA)

1) In addition to the requirements for QA described for Part A of this FOA, develop and implement QA mechanisms to ensure that HIV-infected persons linked to medical care receive appropriate screening and prevention services for STDs, viral hepatitis, and TB.

E. DATA COLLECTION AND REPORTING

1) In addition to the requirements for data collection, management, and reporting described for Part A of this FOA, collect and submit additional test-level data on screening and testing for syphilis, gonorrhea, chlamydial infection, viral hepatitis, and TB among HIV-infected persons linked to care. CDC will provide guidance on submitting these data.

F. MONITORING AND EVALUATION

1) Work with CDC and other grantees funded for Part B of this FOA to develop and implement an evaluation plan, with cross-site process and outcome measures for key activities (including collection and analysis of cost data).

CDC Activities:

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are listed below:

1. Collaborate with grantees and provide technical assistance in the development of plans, protocols, procedures, and instruments related to this program.
2. Work with grantees to assess, identify and meet training and technical assistance needs.

3. Ensure that necessary training, including training on program performance indicators and CDC National HIV Monitoring and Evaluation (NHM&E) requirements, occurs within six months of award.
4. Provide technical assistance and consultation on program and administrative issues directly or through partnerships with health departments; capacity building assistance providers; contractors; and other national, regional, and local partners to increase applicant capacity to implement programs funded under this FOA.
5. Provide technical assistance and information on HIV testing technologies.
6. Assist grantees with establishing partnerships with state and local health departments, community planning groups, if necessary.
7. Facilitate peer-to-peer exchange of information and experiences (for example, best practices, lessons learned) through the following activities: meetings, workshops, conferences, newsletter development, the Internet, and other avenues of communication.
8. Conduct monitoring of the following:
    a. Grantees' implementation of their programs, including implementation of policies and procedures within the first six months after award, through direct observation during site visits, review of progress reports and budget materials, and phone and e-mail communication.
    b. Grantees' compliance with applicant requirements, including financial management practices and client/data confidentiality requirements.
    c. Grantees' progress toward meeting program objectives.

9. Develop intervention and program monitoring guidelines and systems, including performance indicators, for which grantees will be expected to set annual targets and report annual data.
10. Provide assistance with meeting data collection and reporting requirements (including those indicated for OMB# 0920-0696 and for interim and annual progress reports) and using data at the local level for program management and improvement.
11. Collaborate with grantees to analyze quantitative and qualitative data submitted by grantees and provide feedback to help grantees assess and improve program performance.
12. Convene grantee meetings during the course of the project.

III. AWARD INFORMATION AND REQUIREMENTS

Type of Award: Cooperative Agreement. CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism: *U62 – Surveillance Activities and Studies of Acquired Immunodeficiency Syndrome (AIDS):* In cooperation with the state and local public health authorities and other non-profit organizations, to assist in detecting and preventing the further spread of AIDS through active surveillance and epidemiologic investigation, seroprevalence surveys, laboratory services, public information campaigns, health education and risk reduction activities, and counseling, testing and partner notification.

Fiscal Year Funds: 2010

Award Information:

Part A – HIV Screening and HIV Counseling, Testing, and Referral

Approximate Current Fiscal Year Funding: $ 47,500,000

Approximate Total Project Period Funding: $ 142,500,000. (This amount is an estimate, and is subject to availability of funds. This amount includes direct and indirect costs.)

Approximate Number of Awards: 30

Approximate Average Award: $1,580,000. The average awards will be proportionately based on estimated combined 2007 Black/African American and Hispanic/Latino AIDS diagnoses for eligible jurisdictions. (These amounts are for the first 12-month budget period, and include both direct and indirect costs.)

Floor and Ceiling of Individual Award Ranges:

Jurisdiction	Floor of Individual Award Range	Ceiling of Individual Award Range*
Florida	$4,307,446	$6,136,849
New York City	$3,998,517	$5,696,245
California	$2,482,306	$3,533,781
Texas	$2,094,529	$2,980,721
New York State	$1,861,862	$2,648,885
Georgia	$1,788,184	$2,543,804
Maryland	$1,700,288	$2,418,444
North Carolina	$1,303,462	$1,852,479
Louisiana	$1,302,170	$1,850,636
Puerto Rico	$1,258,222	$1,787,956
Houston	$1,197,470	$1,701,310
District of Columbia	$1,140,596	$1,620,194
New Jersey	$1,059,163	$1,504,052
Philadelphia	$1,042,359	$1,480,086
South Carolina	$985,485	$1,398,970
Chicago	$968,681	$1,375,004
Virginia	$852,348	$1,209,086
Los Angeles	$803,229	$1,139,032
Pennsylvania	$801,937	$1,137,189
Michigan	$798,059	$1,131,658
Tennessee	$774,792	$1,098,474
Illinois	$707,578	$1,002,611
Ohio	$684,311	$969,427

Massachusetts	$667,507	$945,461
Alabama	$642,948	$910,434
Mississippi	$605,463	$856,972
Connecticut	$602,878	$853,284
Missouri	$549,881	$777,700
Arizona	$542,126	$766,638
San Francisco	$476,204	$672,618

* These ceilings are for the first 12-month budget period and include direct and indirect costs.

Part B – Enhanced Linkage to Medical Care and Partner Services

Approximate Current Fiscal Year Funding: $ 1,000,000

Approximate Total Project Period Funding: $ 3,000,000 (This amount is an estimate, and is subject to availability of funds. This amount includes direct and indirect costs.)

Approximate Number of Awards: 5

Approximate Average Award: $ 200,000 (This amount is for the first 12-month budget period, and includes both direct and indirect costs.)

Floor of Individual Award Range: $ 150,000

Ceiling of Individual Award Range: $ 225,000 (This ceiling is for the first 12-month budget period and includes direct and indirect costs.)

Both Part A (HIV Screening and HIV Counseling, Testing, and Referral) and Part B (Enhanced Linkage to Medical Care and Partner Services)

Anticipated Award Date: September 30, 2010

Budget Period Length: 12 months

Project Period Length: 3 years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

IV. ELIGIBILITY

Eligible Applicants: Eligible applicants that can apply for this funding opportunity are listed below:

- State and local governments or their Bona Fide Agents.

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a Bona Fide Agent of an eligible state or local government, a Memorandum of Agreement with the eligible state or local government as documentation of the status is required and must be submitted with the application. At a minimum, the Memorandum of Agreement must include the following:

- Roles and responsibilities of the state or local government agency.
- Roles and responsibilities of the Bona Fide Agent.
- Key personnel contacts for the state or local government agency.
- Key personnel contacts for the Bona Fide Agent.

Attach the Memorandum of Agreement with "Other Attachment Forms" when submitting via www.grants.gov.

Eligible Jurisdictions

Eligibility for this Funding Opportunity Announcement is limited to health department jurisdictions with at least 175 estimated combined AIDS diagnoses among Blacks/African Americans and Hispanics/Latinos in 2007. Eligible jurisdictions, based on this criterion, are listed below:

Alabama	Mississippi
Arizona	Missouri
California	New Jersey
Chicago	New York State
Connecticut	New York City
District of Columbia	North Carolina
Florida	Ohio
Georgia	Pennsylvania
Houston	Philadelphia
Illinois	Puerto Rico
Los Angeles	San Francisco
Louisiana	South Carolina
Maryland	Tennessee
Massachusetts	Texas
Michigan	Virginia

Applications may be submitted by health departments of states and cities (or their bona fide agents) that currently receive CDC HIV prevention funds under PS10-1001: HIV Prevention

Projects for Health Departments. This FOA is limited to jurisdictions with at least 175 estimated combined AIDS diagnoses among Blacks/African Americans and Hispanics/Latinos in 2007, because this will allow it to reach those areas with the greatest need for HIV testing services among populations that are disproportionately affected by the HIV epidemic (that is, Blacks/African Americans; Hispanics/Latinos; and MSM and IDUs, regardless of race or ethnicity). The jurisdictions that meet this criterion accounted for the following percentages of AIDS diagnoses among these populations in the United States in 2007: Blacks/African Americans – 94%, Hispanics/Latinos – 91%, MSM – 86%, IDUs – 93%, and MSM/IDUs – 85%.

Community-based organizations; for-profit entities; public non-profit, private non-profit, faith-based, and tribal organizations; and colleges and universities are not eligible to apply for funding under this FOA. A primary goal of this FOA is to promote routine HIV screening in clinical settings. Health departments are best positioned to accomplish this goal, because of their ability to work with multiple healthcare facilities and target those that serve the program's primary target populations.

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

Maintenance of Effort

Maintenance of Effort is not required for this program.

Other

Special Requirements:

If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be informed that the application did not meet submission requirements.

- Late applications will be considered non-responsive. See Section V. Application Content, Submission Dates and Times for more information on deadlines.
- Applicants should adhere to the page limits stated in Section V. Application Content. Pages that exceed the stated limit will not be reviewed. See Attachment 4 for a summary of page limits.
- Applications that fail to comply with the format requirements stated in Section V. Application Content will be considered non-responsive.
- Appendices may include a maximum of 50 electronic attachments and not exceed 100 pages. Appendices that exceed the stated limit will not be reviewed.
- If applying as a Bona Fide Agent of an eligible state or local government, submit a Memorandum of Agreement with the eligible state or local government as documentation of status. Attach the Memorandum of Agreement with "Other Attachment Forms" when submitting via www.grants.gov.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Intergovernmental Review of Applications

The application is not subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372.

V. Application Content

Unless specifically indicated, this announcement requires submission of the following information:

Proof of Eligibility

If applying as a Bona Fide Agent of an eligible state or local government, applicants must submit a Memorandum of Agreement with the eligible state or local government as documentation of status. At a minimum, the Memorandum of Agreement must include the following:

- Roles and responsibilities of the state or local government agency.
- Roles and responsibilities of the Bona Fide Agent.
- Key personnel contacts for the state or local government agency.
- Key personnel contacts for the Bona Fide Agent.

Attach the Memorandum of Agreement with "Other Attachment Forms" when submitting via www.grants.gov.

Cover Letter

A cover letter is required with the application. The cover letter must contain the following information:

- The applicant's name, address, and the name of the business official.

- A description of the applicant's intended target population(s).
- A statement about which Parts and Categories the applicant is applying for (e.g., Part A, Category 1; Part A, Category 2; Part B).

The cover letter must be written in the following format:

- Maximum number of pages: two.
- Font size: 12 point unreduced, Times New Roman.
- Single-spaced.
- Paper size: 8.5 by 11 inches.
- Page margin size: One inch.
- Print only on one side of the page.

Project Abstract

A project abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activities suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and, insofar as possible, understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

Table of Contents

A table of contents listing all application sections and appendices must be included with the application. See Attachment 5 for a sample table of contents. The table of contents **will not count** toward the 91-page limit of the project narrative.

Project Narrative

A project narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed. See Attachment 4 for a summary of page limits.
- Font size: 12 point unreduced, Times New Roman
- Double-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed. The budget and budget justification will be included as a separate attachment, not to be counted in the narrative page limit. Responses to the items in the subsections below are critical to determining the applicant's qualification for this funding opportunity. **Note: If the applicant fails to provide any documents required in these subsections, the applicant's score may be impacted.**

Part A – HIV Screening and HIV Counseling, Testing, and Referral

1. <u>Program Services</u>

Category 1 – HIV Screening in Healthcare Settings

A. EXPERIENCE

(Suggested length: Three pages or less)

1) Describe the applicant's experience with routine HIV screening programs in healthcare settings, including experience providing or supporting similar programs in the past or currently, and for what length of time. If the applicant has previous or current experience with such programs, please address the following:

   a) The types of healthcare facilities and settings where such programs have been provided or supported.

   b) The yield of these programs in terms of number of tests done and number of persons with newly diagnosed HIV infection.

   c) Experience with training and technical assistance needs associated with such programs.

B. TARGET POPULATION AND JUSTIFICATION OF NEED

(Suggested length: Two pages or less)

1) Describe the target population(s) that the applicant plans to reach through the proposed program for routine HIV screening in healthcare settings (for example, demographic and risk behavior characteristics, geographic location). Include an explanation of the rationale behind the selection of the target population(s).

C. PROGRAM OBJECTIVES

(Suggested length: Two pages or less)

1) Provide annual SMART (specific, measurable, actionable, realistic and time-phased) objectives for the proposed number of HIV tests to be conducted under Category 1 of this

program during each of the three project years. The objectives should reflect any anticipated start-up phase, as well as full implementation. Objectives for Part A, Category 1 should be listed here and in a summary table in Appendix A: Summary Table of Program Objectives. A suggested format for the summary table is provided in Attachment 6.

2) Describe the process used to establish these objectives (for example, estimated cost per test in this type of program, associated program costs).

D. PROGRAM PLAN

1) HIV SCREENING

(Suggested length: Nineteen pages or less)

a) Describe the methods and the data sources that will be used to identify areas with high HIV incidence or prevalence and healthcare facilities that serve the target population(s) (that is, candidate healthcare facilities). The description should include the following information:

(1) The proposed number of healthcare facilities and types of healthcare settings (for example, emergency departments, primary care clinics, STD clinics, correctional facility clinics) in which routine HIV screening activities will be supported.

(2) How the applicant will decide which candidate healthcare facilities to attempt to recruit for this program.

(3) If healthcare facilities that will be recruited for this program have already been identified, please include that information, along with the rationale for selecting them and information about their experience with routine HIV screening.

(a) If agreements to participate in the program have already been established with any healthcare facilities, provide copies of Memoranda of Understanding (MOUs) or Memoranda of Agreement (MOAs). These should be placed in Appendix B: Memoranda of Understanding (MOUs) or Agreement (MOAs) with Healthcare Facilities, Community-Based Organizations, or Other Service Organizations.

b) Describe how routine HIV screening will be promoted to administrators, managers, and clinical service directors at candidate healthcare facilities and how they will be engaged to support, develop, implement, and maintain routine HIV screening programs in their facilities.

(1) Describe whether the applicant will be supporting existing HIV screening activities at current levels (grantees previously funded under PS07-768), promoting expansion of existing HIV screening activities, or promoting new programs.

c) Describe of how the applicant will work with administrators, managers, and clinical directors of healthcare facilities that agree to participate in the program (that is, participating healthcare facilities) to develop and implement detailed plans for conducting routine HIV screening programs.

d) Describe how the applicant proposes to address each of the following:

(1) Promoting the program to staff, educating providers and other appropriate staff about routine HIV screening, and gaining their support for the program.

(2) Promoting HIV screening to patients/clients.

(3) Providing routine, voluntary screening to patients/clients.

(4) Using test technologies and strategies that will maximize the proportion of persons tested who receive their results.

(5) Delivering all services in a culturally and linguistically appropriate manner.

(6) Delivering all services in a manner consistent with applicable CDC guidelines and recommendations (Attachment 2).

e) Describe the type(s) of consent procedure(s) that will be used (for example, opt-out, opt-in) for screening in healthcare settings and the rationale for this approach. Include a description of any state or local laws or regulations regarding consent for HIV screening and testing.

f) Describe how test results will be provided to patients/clients, especially those who test positive for HIV.

(1) If rapid HIV tests will be used, describe

(a) How individuals with reactive rapid tests (that is, preliminary positive results) will receive confirmatory tests.

(b) State or local requirements for providing confirmatory testing.

g) Describe how the following services will be provided to persons who test positive for HIV (including persons newly diagnosed with HIV and, when appropriate, persons previously diagnosed):

(1) Prevention counseling.

(2) Linkage to medical care as soon as possible after diagnosis.

(a) If implementing this program in correctional facility clinics, describe how inmates who test positive for HIV will be linked to medical care at the time of release.

(3) Initiation of partner services as soon as possible after diagnosis.

h) Describe how the applicant will maximize the likelihood that the programs developed will be sustainable. In the response, please include the following:

(1) A plan on how to obtain reimbursement for HIV screening from 3rd party payers (for example, Medicare, Medicaid, private insurance, HMO programs).

(2) How and under what circumstances the applicant plans to use funds from this FOA to cover the cost of HIV screening.

(3) How the applicant will use funds received from reimbursement by 3rd party payers (for example, Medicare, Medicaid, private insurance, HMO programs) to sustain or expand this program.

i) Describe how opportunities will be explored to integrate HIV screening into other screening programs conducted at participating facilities (for example, screening programs for blood pressure, diabetes, and cholesterol).

j) Describe the methods and the data sources that will be used to assess the potential value and feasibility of integrating screening and testing for other STDs (for example, syphilis, gonorrhea, chlamydial infection), hepatitis B, hepatitis C, and TB into the HIV screening programs funded under this FOA.

k) Describe what strategies will be explored to promote routine HIV screening at other healthcare facilities (that is, facilities other than those with which the applicant will be directly collaborating on this program).

2) SERVICE INTEGRATION (Optional)

(Suggested length: Six pages or less)

a) If the applicant plans to implement integrated screening activities (for example, screening for STDs, hepatitis, and TB) under Part A, Category 1 of this program, describe how each of the following will be addressed:

(1) Working with clinic or facility administrators, managers, and clinical directors to plan, develop, and implement the activities.

(2) Working with STD, hepatitis, and TB programs to design, develop, and implement the activities.

(3) Using all available mechanisms to obtain reimbursement for these integrated screening activities from 3rd party payers.

(4) Providing test results to patients/clients, especially those who test positive.

(5) Linking patients/clients who test positive to medical care and timely and appropriate evaluation and treatment.

(6) Initiating partner services as soon as possible after diagnosis for patients/clients who test positive for other STDs.

(7) Referring or linking patients/clients who are candidates for hepatitis A or B vaccination to these services.

(8) Periodically reviewing monitoring data with the participating healthcare facilities to assess the value of continuing screening for other STDs, viral hepatitis, and TB.

b) If the applicant plans to implement integrated screening activities under Part A, Category 1 of this program, describe how funds from this FOA will be used for that purpose.

Category 2 – HIV Counseling, Testing, and Referral (CTR) in Non-Healthcare Settings

A. EXPERIENCE

(Suggested length: Three pages or less)

1) Describe the applicant's experience with HIV CTR programs in non-healthcare settings, including experience providing or supporting similar programs in the past or currently, and for what length of time. If the applicant has previous or current experience with such programs, please address the following:

   a) The types of venues and settings where such programs have been provided or supported.

   b) The yield of these programs in terms of number of tests done and number of persons newly diagnosed with HIV infection.

   c) Experience with training and technical assistance needs associated with such programs.

B. TARGET POPULATION AND JUSTIFICATION OF NEED

(Suggested length: Two pages or less)

1) Describe the target population(s) the applicant plans to reach through the proposed program for CTR in non-healthcare settings (for example, demographic and risk behavior characteristics, geographic location). Include an explanation of the rationale behind the selection of the target population(s).

C. PROGRAM OBJECTIVES

(Suggested length: Two pages or less)

1) Provide annual SMART (specific, measurable, actionable, realistic and time-phased) objectives for the proposed number of HIV tests to be conducted under Category 2 of this program during each of the three project years. The objectives should reflect any anticipated start-up phase, as well as full implementation. Objectives for Part A,

Category 2 should be listed here and in a summary table in Appendix A: Summary Table of Program Objectives. A suggested format for the summary table is provided in Attachment 6.

2) Describe the process used to establish these objectives (for example, estimated cost per test in this type of program, associated program costs).

D. PROGRAM PLAN

1) HIV COUNSELING, TESTING, AND REFERRAL

(Suggested length: Nineteen pages or less)

a) Describe what methods and criteria will be used to identify and contract with CBOs or other service organizations to participate in this program. Methods should include assessment of the following:

(1) The organizations' experience providing CTR services in non-healthcare settings, including rates of new HIV diagnoses.

(2) The organizations' experience working with the target population(s).

(3) If the CBOs or other service organizations that will be contracted with for this program have already been identified, please include that information, along with the rationale for selecting them and information about their experience with providing CTR.

(a) If agreements to participate in this program have already been established with any CBOs or other service organizations, provide copies of MOUs or MOAs. These should be placed in Appendix B: Memoranda of Understanding (MOUs) or Agreement (MOAs) with Healthcare Facilities, Community-Based Organizations, or Other Service Organizations.

b) Describe how the applicant will work with the participating CBOs or other service organizations to conduct formative work to do the following:

(1) Identify preferred strategies for accessing high-risk members of the target population(s) and recruiting them for CTR.

(2) Identify specific settings or venues in which high-risk members of the target population(s) can be accessed.

c) Describe how the applicant will work with participating CBOs or other service organizations to develop and implement detailed plans for providing CTR services, based on the formative work conducted previously.

d) Describe how the applicant proposes to address each of the following:

(1) Working with gatekeepers to gain access to targeted settings and venues.

(2) Promoting the program to members of the target population(s), key stakeholders, and other potential supporters.

(3) Recruiting for CTR high-risk members of the target population(s) who do not know their HIV status.

(4) Obtaining informed consent for testing, using appropriate consent procedures that adhere to all state and local requirements.

(5) Providing HIV tests to clients who give informed consent.

(6) Using test technologies (for example, rapid tests) and strategies (for example, use of incentives) that will maximize the proportion of persons tested that receive their results.

(7) Achieving at least a 1% rate of newly identified positive tests when the program is fully implemented.

(8) Taking corrective actions if the rate of newly identified positive tests is not at least 1%.

(9) Delivering all services in a manner consistent with current CDC guidelines and recommendations (Attachment 2).

(10) Educating program staff about partner services and gaining their support for these services.

(11) Delivering all services in a culturally and linguistically appropriate manner.

e) Describe how test results will be provided to clients, especially those who test positive for HIV.

(1) If rapid HIV tests will be used, describe the following:

(a) How individuals with reactive rapid tests (that is, preliminary positive results) will receive confirmatory tests.

(b) State or local requirements for providing confirmatory testing.

f) Describe how the following services will be provided to persons who test positive for HIV (including persons newly diagnosed with HIV and, when appropriate, persons previously diagnosed):

(1) Prevention counseling and, if needed, referral to other prevention services.

(2) Linkage to medical care as soon as possible after diagnosis.

(3) Initiation of partner services as soon as possible after diagnosis.

(4) Referral to other services (for example, housing, legal services, partner violence services), as needed.

g) Describe how prevention counseling (and referral to other prevention services, if needed) will be provided to persons who test negative for HIV, but are at high risk for becoming infected.

h) Describe the methods and the data sources that will be used to assess the potential value and feasibility of integrating screening and testing for other STDs (for example, syphilis, gonorrhea, chlamydial infection), hepatitis B, hepatitis C, and TB infection into the CTR programs funded under this FOA.

2) SERVICE INTEGRATION (Optional)

(Suggested length: Six pages or less)

a) If the applicant plans to implement integrated screening activities (for example, screening for STDs, hepatitis, and TB) under Part A, Category 2 of this program, describe how each of the following will be addressed:

(1) Working with interested participating CBOs or other service organizations to plan, develop, and implement the activities.

(2) Working with STD, hepatitis, and TB programs to design, develop, and implement the activities.

(3) Providing test results to clients, especially those who test positive.

(4) Linking clients who test positive to medical care and timely and appropriate evaluation and treatment.

(5) Initiating partner services as soon as possible after diagnosis for clients who test positive for other STDs.

(6) Referring or linking clients who are candidates for hepatitis A or B vaccination to these services.

(7) Periodically reviewing monitoring data with the participating CBOs or other service organizations to assess the value of continuing screening for other STDs, viral hepatitis, and TB infection.

b) If the applicant plans to implement integrated screening activities under Part A, Category 2 of this program, describe how funds from this FOA will be used for that purpose.

2. <u>Program Support</u>

Categories 1 and 2

Applicants funded under Part A (either for Category 1 or for both Category 1 and Category 2) must (a) conduct or coordinate training and technical assistance; (b) ensure adequate staffing; and (c) conduct quality assurance activities; data collection, management, and reporting; and monitoring and evaluation activities, as described below.

A. MANAGEMENT AND PLANNING

(Suggested length: One page or less)

1) Describe how all aspects of the program will be planned, managed, and overseen.

B. TRAINING

(Suggested length: Three pages or less)

1) Describe how all health department staff will be appropriately trained for their respective job responsibilities under this program.
2) Describe how training will be provided or coordinated for staff of participating healthcare facilities and CBOs or other service organizations. (See Attachment 3 for examples of topic areas in which training or technical assistance may be needed.)

3) Describe how provision of training will be tracked and documented for health department staff and staff of participating healthcare facilities and CBOs or other service organizations.

C. TECHNICAL ASSISTANCE

(Suggested length: Three pages or less)

1) Describe how technical assistance will be provided or coordinated for participating healthcare facilities and CBOs or other service organizations. (See Attachment 3 for examples of topic areas in which training or technical assistance may be needed.)
2) Describe how a referral network will be developed and how staff at participating healthcare facilities and CBOs or other service organizations will be educated on use of the network. Include a description of existing referral networks.
3) Describe how exchange of information and peer-to-peer consultation and technical assistance among sites will be facilitated (for example, convening jurisdiction-level workshops, development of collaborations).
4) Describe how provision of technical assistance to health department staff and staff of participating healthcare facilities and CBOs or other service organizations will be tracked and documented.

D. STAFFING

1) Describe how the health department will be staffed for the program. The staffing plan should list all positions that will support the program and, for each position, the associated responsibilities, whether the position will be supported by funds from this

FOA or by other funding sources, and the percentage of time that will be spent on this program. This information should be included in Appendix C: Budget and Budget Justification. (See Attachment 7 for a suggested format to summarize your staffing plan.)

Examples of possible staffing needs include, but are not limited to, the following:

a) Planning and overseeing all components of the program (including contract monitoring).

b) Marketing and promotion of the program to healthcare facilities.

c) Providing testing services (unless services will be provided by staff of the healthcare facility).

d) Collecting, entering, managing, and ensuring the security of required data for reporting to CDC.

e) Conducting local-level monitoring and evaluation, including collecting, entering, managing (including ensuring security), analyzing, reviewing and using, and disseminating data.

f) Conducting quality assurance for the program.

g) Providing or coordinating training to health department staff and staff of participating healthcare facilities and CBOs or other service organizations.

h) Providing or coordinating technical assistance to participating healthcare facilities and CBOs or other service organizations.

E. QUALITY ASSURANCE (QA)

(Suggested length: Three pages or less)

1) Describe the QA mechanisms that will be implemented to ensure that

a) Services are provided in a technically competent manner and are consistent with current CDC guidelines and recommendations.

b) Services are culturally and linguistically appropriate and staff are trained accordingly.

c) All staff have appropriate training for their respective roles.

d) Positive test results are reported to the appropriate local or state surveillance and partner services programs, in accordance with applicable laws and regulations.

e) Persons who test positive receive their test results.

f) Persons who test positive are linked to medical care.

g) Persons who test positive have partner services initiated.

h) Rapid testing (including storage and use of kits and supplies) is carried out in accordance with manufacturers' instructions.

i) Appropriate laboratory quality assurance procedures are in place.

2) Describe how these QA policies and procedures will be made available and accessible to all staff working in this program.

F. DATA COLLECTION AND REPORTING

(Suggested length: Four pages or less)

1) Describe how the applicant will ensure that positive test results are reported to the appropriate local or state surveillance and partner services programs, in accordance with applicable laws and regulations.

2) Describe the methods that will be used to distinguish newly diagnosed cases of HIV from previously diagnosed cases.

3) Describe the planned process for collecting test-level data in accordance with CDC National HIV Monitoring and Evaluation (NHM&E) requirements (OMB# 0920-0696). (CDC will provide guidance on these requirements.)

   a) This description should include what type of CDC software or other CDC-approved reporting system you plan to use to submit test-level data to CDC.

   b) If funds from this FOA are used for other screening tests (for example, syphilis, gonorrhea, chlamydial infection, hepatitis B, hepatitis C, TB), describe what mechanisms will be used for collecting data to track these services and submitting the data to CDC.

4) Describe how program data will be managed at the health department and at testing facilities or venues, including assuring client confidentiality and adhering to policies and practices for data security.

5) Describe the process the applicant will use to ensure that core program performance indicators for HIV prevention activities are reported to CDC, as specified in CDC's technical guidelines for HIV prevention program indicators. (CDC will provide these guidelines.)

6) Describe the process the applicant will use to ensure that data collection, entry, management (including quality assurance activities), submission, analysis, utilization, dissemination, and data security and confidentiality are consistent with CDC guidelines. (CDC will provide these guidelines.) This description should address data collection, entry, and management at the health department and at testing facilities or venues

G. MONITORING AND EVALUATION

(Suggested length: Two pages or less)

Funded grantees will work with CDC to develop and implement a detailed monitoring and evaluation (M&E) plan. For purposes of this application, the following information should be provided:

1) A description of the actions that will be taken and the timeframe needed to develop a comprehensive monitoring and evaluation plan that includes the elements listed in Section II: Program Implementation.
   a) A description of how the monitoring and evaluation data will be used, by whom, and when (e.g., how frequently) to measure progress toward meeting program objectives and to improve program performance.

Part B – Enhanced Linkage to Medical Care and Partner Services (Optional)

1. <u>Program Services</u>

A. PROGRAM OBJECTIVES

(Suggested length: Two pages or less)

1) Provide annual SMART (specific, measurable, actionable, realistic and time-phased) objectives for the following:
   a) Percentage of newly diagnosed HIV-infected persons who attend an initial medical evaluation within 90 days of diagnosis.
   b) Percentage of newly diagnosed HIV-infected persons for whom partner services are initiated within 30 days of diagnosis.

c) Percentage of newly diagnosed HIV-infected persons linked to care who receive appropriate STD, hepatitis, and TB screening services, as recommended by CDC, during their initial medical visit.

d) Percentage of newly diagnosed HIV-infected persons linked to care who are still in care three months after their first medical appointment.

The objectives should reflect any anticipated start-up phase, as well as full implementation. Objectives for Part B should be listed here and in a summary table in Appendix A: Summary Table of Program Objectives. A suggested format for the summary table is provided in Attachment 6.

2) Describe the process used to establish these objectives (for example, estimated cost per test in this type of program, associated program costs).

B. PROGRAM PLAN

(Suggested length: Eight pages or less)

1) ENHANCED LINKAGE

a) Describe the criteria that will be used to recruit healthcare facilities and CBOs or other service organizations funded under Part A of this FOA to participate in this activity.

b) Describe how HIV medical care providers will be identified to collaborate in this activity.

c) Describe the process that will be used to work with participating healthcare facilities and CBOs or other service organizations and collaborating HIV medical care providers to develop and implement detailed plans for enhanced linkage services.

d) Describe the process that will be used to actively link HIV-infected persons (whether newly diagnosed or previously diagnosed but not in care) identified through the screening programs funded under this FOA to medical care.

(1) Describe how HIV medical care providers will be assisted with (1) locating HIV-infected patients who are lost to follow-up within three months after their first medical appointment and (2) facilitating their re-entry into care.

e) Describe the process that will be used to educate staff of participating healthcare facilities and CBOs or other service organizations, as well as collaborating HIV medical care providers, about partner services and enlist their support for these services.

f) Describe how partner services will be initiated as soon as possible for HIV-infected persons (whether newly diagnosed or previously diagnosed but not in care) identified through the screening programs funded under this FOA, in accordance with CDC recommendations and state and local requirements (Attachment 2).

g) Describe the process that will be used to ensure that HIV-infected persons linked to care will receive appropriate HIV/STD prevention counseling and other HIV/STD prevention interventions, as needed, in accordance with CDC guidelines and recommendations (Attachment 2).

h) Describe how the applicant will ensure that HIV-infected persons linked to care will receive screening, treatment, and prevention services for syphilis, gonorrhea, chlamydial infection, hepatitis A, hepatitis B, hepatitis C, and TB at their initial evaluations, in accordance with CDC guidelines and recommendations and as indicated by local epidemiology (Attachment 2).

i) Describe the process that will be used to ensure that HIV-infected patients are screened for other STDs, risk behaviors, and new partners at routine follow-up visits, in accordance with CDC recommendations (Attachment 2).

j) Describe how partner services will be initiated for HIV-infected patients who are diagnosed with other STDs or report risk behaviors or new partners, in accordance with CDC recommendations and state and local requirements (Attachment 2).

k) Describe how additional data will be collected and reported on screening and testing conducted for syphilis, gonorrhea, chlamydial infection, hepatitis B, hepatitis C, and TB in HIV-infected persons linked to care.

2. Program Support

In addition to the program support activities described under Part A, applicants funded under Part B will be responsible for other program support activities specific to Part B, as described below.

A. TRAINING AND TECHNICAL ASSISTANCE

(Suggested length: One page or less)

1) Describe how training and technical assistance will be provided or coordinated for the following:

a) Screening HIV-infected persons for other STDs and risk behaviors.

b) Incorporating HIV prevention into the medical care of HIV-infected persons (that is, "prevention in care").

B. STAFFING

1) Describe how the health department will be staffed for all aspects of the program that are not addressed by staffing for Part A of this FOA. The staffing plan should list all positions that will support the program and, for each position, the associated responsibilities, whether the position will be supported by funds from this FOA or by other funding sources, and the percentage of time that will be spent on this program. This information should be included in Appendix C: Budget and Budget Justification. (See Attachment 7 for a suggested format to summarize the staffing plan.) Examples of possible staffing needs include, but are not limited to, the following:

a) Identifying HIV medical care providers to collaborate in this activity.

b) Working with participating healthcare facilities and CBOs or other service organizations and collaborating HIV medical care providers to develop and implement detailed plans for enhanced linkage services.

c) Actively linking HIV-infected persons identified through the screening programs funded under this FOA to medical care.

d) Ensuring that these patients receive screening, treatment, and prevention services for syphilis, gonorrhea, chlamydial infection, hepatitis A, hepatitis B, hepatitis C, and TB at their initial evaluations.

e) Ensuring that HIV-infected patients are screened for STDs, risk behaviors, and new partners at routine follow-up visits.

f) Educating staff of participating healthcare facilities and CBOs or other service organizations, as well as collaborating HIV medical care providers, about partner services and enlisting their support for these services.

g) Initiating partner services for persons who test positive for HIV, HIV-infected persons who test positive for STDs on initial screening, and HIV-infected patients who are subsequently diagnosed with STDs or report risk behaviors or new partners.

C. QUALITY ASSURANCE (QA)

(Suggested length: One page or less)

1) Describe the QA mechanisms that will be implemented to ensure that HIV-infected persons linked to medical care receive appropriate screening and prevention services for STDs, viral hepatitis, and TB.

D. DATA COLLECTION AND REPORTING

(Suggested length: One page or less)

1) Describe the process that will be used to collect test-level data on screening and testing for syphilis, gonorrhea, chlamydial infection, viral hepatitis, and TB among HIV-infected persons linked to care.

Budget and Justification

The budget justification **will not be counted** in the stated page limit. In accordance with Form CDC 0.1246E (*www.cdc.gov/od/pgo/forms/01246.pdf*), applicants are required to provide a line item budget and narrative justification for all requested costs that are consistent with the purpose, objectives, and proposed program activities. The budget and budget justification should be placed in the application's attachments and named as *Appendix C: Budget and Budget Justification.*

Within the budget, include the following:

1. A detailed, line-item budget and justification (also known as a "budget narrative"). **Each Part (that is, Part A – HIV Screening and HIV Counseling, Testing, and Referral; and Part B – Enhanced Linkage to Medical Care and Partner Services) must have its own budget and justification.** Within Part A, a sub-budget must be provided for each Category (that is, Category 1 – HIV Screening in Healthcare Setting; and Category 2 – HIV Counseling, Testing, and Referral in Non-Healthcare Settings). If the applicant is applying for Service Integration within either Category 1 or Category 2, detailed budget information for the Service Integration activities must be included in the sub-budget for that Category. This includes the identification of funds allocated to support other screening tests described in the Service Integration activities.
2. A line-item breakdown and justification for all personnel; that is, name, position title, actual annual salary, percentage of time and effort, and amount requested). (See Attachment 7 for a suggested format to summarize the staffing plan.)
3. A line-item breakdown and justification for all contracts, including:
   a. Name of contractor and/or consultants.
   b. Applicant affiliation (if applicable).
   c. Nature of services to be rendered.
   d. Relevance of service to the project or justification for use of a consultant.
   e. Period of performance (dates) or number of days of consultation (basis for fees).
   f. Method of selection (for example, competitive or sole source).
   g. Description of activities.
   h. Target population.

i. Itemized budget and expected rate of compensation (for example, travel, per diem, other related expenses); list a subtotal for each consultant in this category.

   1) If the above information is unknown for any contractor/consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget if the applicant is selected for funding.

4. Justification for any requests for Direct Assistance.
5. Funds must be included for three to four persons to attend at least two CDC-sponsored conferences or meetings each year. This includes events such as the grantee orientation meeting, the National HIV Prevention Conference, U.S. Conference on AIDS, etc.

   Note: Funded applicants must allow appropriate administrative and program staff to participate in any mandatory training conducted or sponsored by CDC, including grantee orientation. If a key program staff person leaves the applicant, his or her replacement must attend training as soon as training is available. Applicants must set aside funds within the detailed line item budget to allow staff to attend required training and annual conferences.

Appendix Items Required

Additional information may be included in the application appendices. The appendices **will not be counted** toward the narrative page limit. This section lists the items that **must be included in the Appendix sections of the application**. If the applicant includes additional documents to support the narrative, the applicant must indicate the title/name of the attachment and where the supporting documentation is located within the application's appendices.

The following are the primary sections that must be included in the application's appendices:

- **Appendix A: Summary Table of Program Objectives.** Provide a summary of program objectives for each Part and Category for which the applicant is applying, as described in *Section V. Application Content*. A suggested format is provided in Attachment 6. Place the information in this appendix.
- **Appendix B: Memoranda of Understanding or Agreement with Healthcare Facilities, Community-Based Organizations, or Other Service Organizations.** If agreements to participate in this program have already been established with any healthcare facilities, CBOs, etc., place copies of the MOUs or MOAS with each of these entities in this appendix.
- **Appendix C: Budget and Budget Justification.** Place a detailed, line-item budget and justification, with sub-budgets as described in *Section V. Application Content*, in this appendix.
- **Appendix D: Letter of Support from Community Planning Group.** Obtain a letter of support for the application from the local HIV Prevention CPG and place it in this appendix.

Naming Electronic Files

Electronic files of attachments or appendices submitted via Grants.gov should be uploaded in a PDF file format, and should be named (or labeled) as follows:

- **Appendix A: Summary Table of Program Objectives.**
- **Appendix B: Memoranda of Understanding or Agreement with Healthcare Facilities, Community-Based Organizations, or Other Service Organizations.**

- **Appendix C: Budget and Budget Justification.**
- **Appendix D: Letter of Support from Community Planning Group.**
- **Appendix E: Other Attachments.**

No more than 50 appendices (or electronic attachments) should be uploaded per application, and the attachments **should not exceed a total of 100 additional pages**.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information, subsection entitled "Administrative and National Policy Requirements."

APPLICATION SUBMISSION

Registering the applicant organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the "Get Registered" screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting an application to become familiar with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, the Grants.gov registration process also requires that the applicant register with the Central Contractor Registry (CCR) annually. The CCR registration can require an additional one to two days to complete.

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant

encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO-TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process.

After submission of your application package, applicants will receive a "submission receipt" e-mail generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee compliance with the application deadline published in the Funding Opportunity Announcement, applicants are strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that an applicant does not receive a "validation" e-mail within two (2) business days of application submission, the applicant should contact Grants.gov. Refer to the e-mail message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Other Submission Requirements

A letter of intent is not applicable to this funding opportunity announcement.

Dun and Bradstreet Universal Number (DUNS)

The applicant is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) identifier to apply for grants or cooperative agreements from the Federal government. The DUNS is a nine-digit number which uniquely identifies business entities. There is no charge associated with obtaining a DUNS number. Applicants may obtain a DUNS number by accessing the Dun and Bradstreet website or by calling 1-866-705-5711.

Electronic Submission of Application:

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically by the applicant organization's Authorized Organizational representative (AOR) to Grants.gov on or before the deadline date and time.

The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (http://www.grants.gov), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves as a receipt of submission.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. The Grants.gov Support Center can be reached at 1-800-518-4726 or by e-mail at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements. The application face page will be returned by HHS/CDC with a written explanation of the reason for non-acceptance.

Application Submission Date: ***June 22, 2010*** (Submission by this date allows a 2-business day window to correct any errors found during the electronic validation process and to re-submit before the application deadline date and time.)

Application Deadline Date: ***June 24, 2010***

Explanation of Deadlines: Applications must be submitted and successfully validated in www.grants.gov by 5:00 p.m. Eastern Time on the deadline date.

VI. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of Funding Opportunity Announcement CDC-PS10-10138. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Evaluation Criteria

Eligible applications will be evaluated against the following criteria:

Part A – HIV Screening and HIV Counseling, Testing, and Referral [Part A Total = 1000 points (Sum of scores for Program Services and Program Support)**]**

1. Program Services [Section Total = 600 points]

***Category 1 – HIV Screening in Healthcare Settings* (600 points)**

A. EXPERIENCE (Subsection Total = 50 points)

1) The extent of experience the applicant has with routine HIV screening programs in healthcare settings, including experience providing or supporting similar programs in the past or currently.

B. TARGET POPULATION AND JUSTIFICATION OF NEED (Subsection Total = 25 points)

1) Appropriateness of the target population(s) the applicant plans to reach through the proposed program for routine HIV screening in healthcare settings (for example, demographic and risk behavior characteristics, geographic location). The applicant's response should include an explanation of the rationale behind the selection of the target population(s).

C. PROGRAM OBJECTIVES (Subsection Total = 25 points)

1) Extent to which the applicant's annual objectives for the number of HIV tests to be conducted under Category 1 of this program during the start-up phase and when fully implemented are SMART (specific, measurable, actionable, realistic and time-phased).

2) Adequacy of the applicant's process for establishing these objectives (for example, estimated cost per test in this type of program, associated program costs).

D. PROGRAM PLAN (Subsection Total = 500 points)

1) HIV SCREENING (Subsection Total = 465 points)

a) Adequacy of the applicant's proposed methods and data sources for identifying areas with high HIV incidence or prevalence and healthcare facilities that serve the target population(s) (that is, candidate healthcare facilities). The description should include the following information: *)*

(1) An estimate of the number of healthcare facilities and types of healthcare settings (for example, emergency departments, primary care clinics, STD clinics, correctional facility clinics) in which routine HIV screening activities will be supported.

(2) A description of how the applicant will decide which candidate healthcare facilities to attempt to recruit for this program.

(3) If healthcare facilities that will be recruited for this program have already been identified, the applicant should include that information, along with the rationale for selecting them and information about their experience with routine HIV screening.

b) Quality of the applicant's plans to promote routine screening to administrators, managers, and clinical service directors at candidate healthcare facilities and engage them to support, develop, implement, and maintain routine HIV screening programs in their facilities.

c) Quality of the applicant's plans for working with administrators, managers, and clinical directors of healthcare facilities that agree to participate in the program (that is, participating healthcare facilities) to develop and implement detailed plans for conducting routine HIV screening programs.

d) Quality of the applicant's plan for addressing each of the following:

(1) Promoting the program to staff, educating providers and other appropriate staff about routine HIV screening, and gaining their support for the program.

(2) Promoting HIV screening to patients/clients.

(3) Providing routine, voluntary screening to patients/clients.

(4) Using test technologies and strategies that will maximize the proportion of persons tested who receive their results.

(5) Delivering all services in a culturally and linguistically appropriate manner.

(6) Delivering all services in a manner consistent with applicable CDC guidelines and recommendations.

e) Quality and appropriateness of the applicant's proposed consent procedure(s), including the rationale for this approach. The applicant's response should include a description of any state or local laws or regulations regarding consent for HIV screening and testing.

f) Quality and appropriateness of the applicant's plan for how test results will be provided to patients/clients, especially those who test positive for HIV.

g) Quality of the applicant's plans for how the following services will be provided to persons who test positive for HIV (including persons newly diagnosed with HIV and, when appropriate, persons previously diagnosed):

(1) Prevention counseling.

(2) Linkage to medical care as soon as possible after diagnosis.

(3) Initiation of partner services as soon as possible after diagnosis

h) Quality of the applicant's plans to maximize the likelihood that the programs developed will be sustainable.

i) Quality of the applicant's plans for exploring opportunities to integrate HIV screening into other screening programs conducted at the facility (for example, screening programs for blood pressure, diabetes, and cholesterol).

j) Quality of the applicant's plan for assessing the potential value and feasibility of integrating screening for other STDs (for example, syphilis, gonorrhea, chlamydial

infection), hepatitis B, hepatitis C, and TB infection into the HIV screening programs funded under this FOA.

k) Quality of the applicant's proposed strategies for promoting routine HIV screening at other healthcare facilities (that is, facilities other than those with which the grantee is collaborating on this program).

2) SERVICE INTEGRATION (Optional) (Subsection Total = 35 points)

a) Quality of the applicant's plan for implementing the integrated screening activities (for example, screening for STDs, hepatitis, and TB) described under Part A, Category 1.

b) Appropriateness of the applicant's plans for using the funds from this FOA to support integrated screening activities under Part A, Category 1 of this program.

Category 2 – HIV Counseling, Testing, and Referral (CTR) in Non-Healthcare Settings **(600 points)**

A. EXPERIENCE (Subsection Total = 50 points)

1) The extent of the applicant's experience with HIV CTR programs in non-healthcare settings, including experience providing or supporting similar programs in the past or currently.

B. TARGET POPULATION AND JUSTIFICATION OF NEED (Subsection Total = 25 points)

1) Appropriateness of the target population(s) the applicant plans to reach through the proposed program for CTR in non-healthcare settings (for example, demographic and risk behavior characteristics, geographic location). The applicant's response should include an explanation of the rationale behind the selection of the target population(s).

C. PROGRAM OBJECTIVES (Subsection Total = 25 points)

1) Extent to which the applicant's annual objectives for the number of HIV tests to be conducted under Category 2 of this program during the start-up phase and when fully implemented are SMART (specific, measurable, actionable, realistic and time-phased)

2) Adequacy of the applicant's process for establishing these objectives (for example, estimated cost per test in this type of program, associated program costs).

D. PROGRAM PLAN (Subsection Total = 500 points)

1) HIV COUNSELING, TESTING, AND REFERRAL (Subsection Total = 465 points)

a) Adequacy of the methods and appropriateness of the criteria the applicant plans to use to identify and contract with CBOs or other service organizations to participate in this program.

b) Quality of the applicant's plan to work with the participating CBOs or other service organizations to conduct formative work to do the following:

(1) Identify preferred strategies for accessing high-risk members of the target population(s) and recruiting them for CTR.

(2) Identify specific settings or venues in which high-risk members of the target population(s) can be accessed.

c) Quality of the applicant's plan for working with participating CBOs or other service organizations to develop and implement detailed plans for providing CTR services, based on the formative work conducted previously.

d) Quality of the applicant's plan for addressing each of the following:

(1) Working with gatekeepers to gain access to targeted settings and venues.

(2) Promoting the program to members of the target population(s), key stakeholders, and other potential supporters.

(3) Recruiting for CTR high-risk members of the target population(s) who do not know their HIV status.

(4) Obtaining informed consent for testing, using appropriate consent procedures that adhere to all state and local requirements.

(5) Providing HIV tests to clients who give informed consent.

(6) Using test technologies (for example, rapid tests) and strategies (for example, use of incentives) that will maximize the proportion of persons tested that receive their results.

(7) Achieving at least a 1% rate of newly identified positive tests when the program is fully implemented.

(8) Taking corrective action if the rate of newly identified positive tests is not at least 1%.

(9) Delivering all services in a manner consistent with current CDC guidelines and recommendations.

(10) Educating program staff about partner services and gaining their support for these services.

(11) Delivering all services in a culturally and linguistically appropriate manner.

e) Quality and appropriateness of the applicant's proposal for how test results will be provided to clients, especially those who test positive for HIV.

f) Quality and appropriateness of the applicant's proposal for how the following services will be provided to persons who test positive for HIV (including persons newly diagnosed with HIV and, when appropriate, persons previously diagnosed):

(1) Prevention counseling and, if needed, referral to other prevention services.

(2) Linkage to medical care as soon as possible after diagnosis.

(3) Initiation of partner services as soon as possible after diagnosis.

(4) Referral to other services (for example, housing, legal services, partner violence services), as needed.

g) Quality and appropriateness of the applicant's proposal for how prevention counseling (and referral to other prevention services, if needed) will be provided to persons who test negative for HIV, but are at high risk for becoming infected.

h) Quality of the applicant's plan for assessing the potential value and feasibility of integrating screening for other STDs (for example, syphilis, gonorrhea, chlamydial infection), hepatitis B, hepatitis C, and TB into the HIV CTR programs funded under this FOA.

2) SERVICE INTEGRATION (Optional) (Subsection Total = 35 points)

a) Quality of the applicant's plan for implementing the integrated screening activities (for example, screening for STDs, hepatitis, and TB) described under Part A, Category 2.

b) Appropriateness of the applicant's plans for using funds from this FOA to support integrated screening activities under Part A, Category 2 of this program.

2. <u>Program Support</u> (Section Total = 400 points)

Categories 1 and 2

A. MANAGEMENT AND PLANNING (Subsection Total = 25 points)

1) Quality of the applicant's proposal for planning, managing, and overseeing all aspects of the program.

B. TRAINING (Subsection Total = 50 points)

1) Quality of the applicant's plan for ensuring that all health department staff will be appropriately trained for their respective job responsibilities under this program.
2) Quality of the applicant's plan for providing or coordinating training for staff of participating healthcare facilities and CBOs or other service organizations.
3) Quality of the applicant's plan for tracking and documenting provision of training to health department staff and staff of participating healthcare facilities and CBOs or other service organizations.

C. TECHNICAL ASSISTANCE (Subsection Total = 50 points)

1) Quality of the applicant's plan for providing or coordinating technical assistance for staff of participating healthcare facilities and CBOs or other service organizations.
2) Quality of the applicant's plan for developing a referral network and educating staff at participating healthcare facilities and CBOs or other service organizations about how to use the network. The applicant's response should include a description of existing referral networks.
3) Quality of the applicant's plan to facilitate exchange of information and peer-to-peer consultation and technical assistance among sites (for example, convening jurisdiction-level workshops, development of collaborations).
4) Quality of the applicant's plan for tracking and documenting the provision of technical assistance to participating healthcare facilities and CBOs or other service organizations.

D. STAFFING (Subsection Total = 75 points)

1) Quality of the applicant's staffing plan. The staffing plan should list all positions that will support the program and, for each position, the associated responsibilities, whether

the position will be supported by funds from this FOA or by other funding sources, and the percentage of time that will be spent on this program.

E. QUALITY ASSURANCE (QA) (Subsection Total = 100 points)

1) Adequacy of the QA mechanisms the applicant proposes to implement.
2) Quality of the applicant's plan to make quality assurance policies and procedures available and accessible to all staff working in this program.

F. DATA COLLECTION AND REPORTING (Subsection Total = 75 points)

1) Quality of the applicant's plan for ensuring that positive test results are reported to the appropriate local or state surveillance and partner services programs, in accordance with applicable laws and regulations.
2) Quality of applicant's plan for distinguishing newly diagnosed cases of HIV from previously diagnosed cases.
3) Quality of the applicant's plan for collecting test-level data in accordance with CDC National HIV Monitoring and Evaluation (NHM&E) requirements.
4) Quality of the applicant's plan for managing program data at the health department and at testing facilities or venues, including assuring client confidentiality and adhering to policies and practices for data security.
5) Quality of the applicant's plan to ensure that core program performance indicators for HIV prevention activities are reported to CDC, as specified in CDC's technical assistance guidelines for HIV prevention program indicators.
6) Quality of the applicant's plan to ensure that data collection, entry, management (including quality assurance activities), submission, analysis, utilization, dissemination, and data security and confidentiality are consistent with CDC guidelines. The applicant's

response should address data collection, entry, and management at the health department and at testing facilities or venues.

G. MONITORING AND EVALUATION (Subsection Total = 25 points)

1) Adequacy and reasonableness of the applicant's plan for developing a comprehensive monitoring and evaluation plan for Category 1 and Category 2 activities.
2) Quality of the applicant's plan for how monitoring and evaluation data will be used, by whom, and when (e.g., how frequently) to measure progress toward meeting program objectives and to improve program performance.

Part B – Enhanced Linkage to Medical Care and Partner Services (Optional) [Part B Total = 500 points (Sum of scores for Program Services and Program Support)**]**

1. <u>Program Services</u> (Section Total = 460 points)

A. PROGRAM OBJECTIVES (Subsection Total = 20 points)

1) Extent to which the applicant's annual objectives for the following are SMART (specific, measurable, actionable, realistic and time-phased):
   a) Percentage of newly diagnosed HIV-infected persons who attend an initial medical evaluation within 90 days of diagnosis.
   b) Percentage of newly diagnosed HIV-infected persons for whom partner services are initiated within 30 days of diagnosis.

c) Percentage of newly diagnosed HIV-infected persons linked to care who receive appropriate STD, hepatitis, and TB screening services, as recommended by CDC, during their initial medical visit.

d) Percentage of newly diagnosed HIV-infected persons linked to care who are still in care three months after their first medical appointment.

2) Adequacy of the applicant's process for establishing these objectives (for example, estimated cost per test in this type of program, associated program costs).

B. PROGRAM PLAN (Subsection Total = 440 points)

1) ENHANCED LINKAGE

a) Adequacy of the applicant's criteria for selecting select healthcare facilities and CBOs or other service organizations funded under Part A of this FOA to participate in this activity.

b) Adequacy of the methods proposed by the applicant to identify HIV medical care providers to collaborate in this activity.

c) Quality of the applicant's plan for working with participating healthcare facilities and CBOs or other service organizations and collaborating HIV medical care providers to develop and implement detailed plans for enhanced linkage services.

d) Quality of the applicant's plan for actively linking HIV-infected persons (whether newly diagnosed or previously diagnosed but not in care) identified through the screening programs funded under this FOA to medical care.

e) Quality of the applicant's plan for educating staff of participating healthcare facilities and CBOs or other service organizations, as well as collaborating HIV medical care providers, about partner services and enlisting their support for these services.

f) Quality of the applicant's plans to initiate partner services as soon as possible for HIV-infected persons (whether newly diagnosed or previously diagnosed but not in care) identified through the screening programs funded under this FOA, in accordance with CDC recommendations and state and local requirements.

g) Quality of the applicant's plan to ensure that HIV-infected persons linked to care receive appropriate HIV/STD prevention counseling and other HIV/STD prevention interventions, as needed, in accordance with CDC guidelines and recommendations.

h) Quality of the applicant's plans to ensure that HIV-infected persons linked to care receive screening, treatment, and prevention services for syphilis, gonorrhea, chlamydial infection, hepatitis A, hepatitis B, hepatitis C, and TB at their initial evaluations, in accordance with CDC guidelines and recommendations and as indicated by local epidemiology.

i) Quality of the applicant's plans to ensure that HIV-infected patients are screened for other STDs, risk behaviors, and new partners at routine follow-up visits, in accordance with CDC recommendations.

j) Quality of the applicant's plans to initiate partner services for HIV-infected patients who are diagnosed with other STDs or report risk behaviors or new partners, in accordance with CDC recommendations and state and local requirements.

k) Quality of the applicant's plan for collecting and reporting additional data on screening and testing conducted for syphilis, gonorrhea, chlamydial infection, hepatitis B, hepatitis C, and TB in HIV-infected persons linked to care.

2. <u>Program Support</u> (Section Total = 40 points)

In addition to the program support activities described under Part A, applicants funded under Part B will be responsible for other program support activities specific to Part B, as described below.

A. TRAINING AND TECHNICAL ASSISTANCE (Subsection Total = 10 points)

1) Quality of the applicant's plan for providing or coordinating training and technical assistance in support of the activities specific to Part B :

B. STAFFING (Subsection Total = 10 points)

1) Quality of the applicant's staffing plan for all aspects of the program that are not addressed by staffing for Part A of this FOA. The staffing plan should list all positions that will support the program and, for each position, the associated responsibilities, whether the position will be supported by funds from this FOA or by other funding sources, and the percentage of time that will be spent on this program.

C. QUALITY ASSURANCE (QA) (Subsection Total = 10 points)

1) Adequacy of the QA mechanisms the applicant proposes to implement to ensure that HIV-infected persons linked to medical care receive appropriate screening and prevention services for STDs, viral hepatitis, and TB.

D. DATA COLLECTION AND REPORTING (Subsection Total = 10 points)

1) Quality of the applicant's plan for collecting and reporting data on screening and testing for syphilis, gonorrhea, chlamydial infection, viral hepatitis, and TB – and vaccination against hepatitis A and B, if appropriate – among HIV-infected persons linked to care.

Budget (SF 424A) and Budget Narrative (Reviewed, but not scored) – Although the budget is not scored, applicants should consider the following in development of their budget: Are the itemized budget and the justification for conducting the project reasonable and consistent with stated objectives and planned program activities?

If the applicant requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

Use of Funds

Applicants may request federal personnel, equipment, or supplies as direct assistance, in lieu of a portion of financial assistance.

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care (for example, treatment of HIV, STDs, viral hepatitis, TB, or TB infection; vaccination against hepatitis A or B).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

- Reimbursement of pre-award costs is not allowed.
- Funds from this FOA may not be used to purchase or lease mobile vans for conducting outreach activities.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

Application Review Process

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by the National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

An objective review panel consisting of CDC employees will evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled "Evaluation Criteria". Part A (HIV Screening and HIV Counseling, Testing, and Referral) and Part B (Enhanced Linkage to Medical Care and Partner Services) will receive separate scores. The score for each Part will be the sum of the score for the Program Services section and the Program Support section of that Part.

Applications Selection Process

Applications will be funded in order by score and rank determined by the review panel. In addition, the following factors may affect the funding decision:

- Proportionate distribution of estimated combined 2007 Black/African American and Hispanic/Latino AIDS diagnoses among eligible jurisdictions.

CDC will provide further justification for any decision to fund out of rank order.

VII. Award Administration Information

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-5 HIV Program Review Panel Requirements

- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-24 Health Insurance Portability and Accountability Act Requirements

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm

TERMS AND CONDITIONS

Reporting Requirements

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The Interim Progress Report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
    a. Standard Form ("SF") 424S Form.
    b. SF-424A Budget Information-Non-Construction Programs.
    c. Budget Narrative.
    d. Indirect Cost Rate Agreement.
    e. Project Narrative.
    f. Additional Requested Information.

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

2. Annual progress report, due no more than 90 days after the end of the budget period. Additional guidance on what to include in this report may be provided by CDC well in advance of the due date. It must include:
    a. Progress the grantee has made toward achieving the target levels and goals of performance for each objective
    b. Current budget period financial progress
    c. Additional requested information
3. Financial Status Report (SF 269) no more than 90 days after the end of the budget period.

4. Final performance and Financial Status Reports, no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled "Agency Contacts."

VIII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Benny Ferro, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

1600 Clifton Rd., NE, Mailstop E-58

Atlanta, GA 30333

Telephone: (404) 639-3829

E-mail: BFerro@cdc.gov

For **financial, grants management, or budget assistance**, contact:

Angie Tuttle, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-15

Atlanta, GA 30341

Telephone: (770) 488-2863

E-mail: atuttle@cdc.gov

For **application submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

E-mail: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 770-488-2783.

Other Information

Attachment 1. Overview of Required and Optional Recipient Activities

Activity	Activity Type
Part A – HIV Screening and HIV Counseling, Testing, and Referral	Required
1. Program Services	Required
Category 1 – HIV Screening in Healthcare Settings	Required
A. HIV Screening	Required
B. Service Integration	Optional
Category 2 – HIV Counseling, Testing, and Referral in Non-healthcare Settings	Optional
A. HIV Counseling, Testing, And Referral	Required if applying for Category 2
B. Service Integration	Optional
2. Program Support	Required
Part B – Enhanced Linkage to Medical Care and Partner Services	Optional
1. Program Services	Required if applying for Part B
2. Program Support	Required if applying for Part B

Attachment 2. Links to Guidelines, Recommendations, and Other Background Documents

Publications	Links
HIV Screening and HIV Counseling, Testing, and Referral	
▪ 2006 Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings *Date published: September 22, 2006*	MMWR, Sep 22, 2006; 55(RR-14): 1-17 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm
▪ HIV Testing in Healthcare Settings	Centers for Disease Control and Prevention http://www.cdc.gov/hiv/topics/testing/healthcare/index.htm
▪ 2001 Revised Guidelines for HIV Counseling, Testing, and Referral *Date published: November 9, 2001*	MMWR, Nov 9, 2001; 50(RR19);1-58 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm
▪ HIV Testing Implementation Guidance for Correctional Settings *Date published: January 2009*	Centers for Disease Control and Prevention. Jan, 2008: 1-38. http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings/index.htm
▪ Social Networks Testing: An interim guide for HIV CTR Programs *Date published: 2006*	Centers for Disease Control and Prevention. 2006, 1-38. http://www.cdc.gov/hiv/resources/guidelines/snt/
Monitoring and Evaluation	
▪ Evaluating CDC-Funded Health Department HIV Prevention Programs *Date published: March, 2005*	Centers for Disease Control and Prevention, Mar 2005 http://www.cdc.gov/hiv/topics/evaluation/health_depts/guidance/index.htm
▪ 2009 Quality Assurance Standards for HIV Counseling, Testing, and Referral Data *Date published: September 2009*	Centers for Disease Control and Prevention, Sep, 2009, 1-100 http://www.cdc.gov/hiv/testing/resources/guidelines/qas/
Partner Services	
▪ Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection *Date published: November 07, 2008*	MMWR, Nov 07, 2008; 57(RR09);1-63 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5709a1.htm
Prevention with Positives	
▪ Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents – Recommendations from CDC, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America *Date published: April 10, 2009*	MMWR, April 10, 2009; 58(RR-04);1-198 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5804a1.htm

Publications	Links
▪ Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents *Date published: December 1, 2009*	Panel on Antiretroviral Guidelines for Adults and Adolescents. Department of Health and Human Services, Dec 1, 2009. http://aidsinfo.nih.gov/Guidelines/GuidelineDetail.aspx?MenuItem=Guidelines&Search=Off&GuidelineID=7&ClassID=1
▪ Incorporating HIV Prevention into the Medical Care of Persons Living with HIV – Recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America *Date published: July 18, 2003*	MMWR, July 18, 2003 / 52(RR12);1-24 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm
Program Integration	
▪ PCSI White Paper *Date published:2009*	Centers for Disease Control and Prevention, 2009, 1-45 http://www.cdc.gov/nchhstp/programintegration/docs/207181-C_NCHHSTP_PCSI%20WhitePaper-508c.pdf
STD, Viral Hepatitis, and TB Guidelines and Recommendations	
▪ Sexually Transmitted Diseases Treatment Guidelines, 2006 *Date published: August 4, 2006*	MMWR, Aug. 4, 2006; 55(RR11);1-94 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5511a1.htm
▪ Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Infection *Date published: September 19, 2008*	MMWR, Sept. 19, 2008; 57(RR08);1-20 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm
▪ Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease *Date published: October 16, 1998*	MMWR, Oct. 16, 1998; 47(RR19);1-39 http://www.cdc.gov/mmwr/preview/mmwrhtml/00055154.htm
▪ Screening for Tuberculosis and Tuberculosis Infection in High-Risk Populations Recommendations of the Advisory Council for the Elimination of Tuberculosis *Date published: September 08, 1995*	MMWR, Sept. 08, 1995; 44(RR-11);18-34 http://www.cdc.gov/mmwr/preview/mmwrhtml/00038873.htm
Behavioral Interventions	
▪ Diffusion of Effective Behavioral Interventions (DEBI) project	Centers for Disease Control and Prevention (CDC), the Center on AIDS & Community Health (COACH) http://www.effectiveinterventions.org/

Attachment 3. Examples of Topic Areas for Training or Technical Assistance

Examples of topic areas in which training or technical assistance may be needed include, but are not limited to, the following:

- Program planning.
- Conducting formative work to identify preferred strategies for accessing high-risk members of the target population(s) and specific settings or venues in which high-risk members of the target population(s) can be accessed.
- Conducting promotional activities (for example, social marketing, Internet marketing, working through local businesses and social or civic organizations).
- Recruiting patients/clients for HIV screening or CTR (for example, using social network strategies).
- Selecting appropriate test technologies and testing strategies.
- Developing, revising, or obtaining appropriate policies, protocols, and procedures for all steps in the HIV screening/CTR process.
- Developing materials (for example, patient/client information pamphlets, staff information packets, promotional materials) and tools (for example, data collection tools), when necessary.
- Conducting point-of-care rapid HIV testing (if this testing strategy is being used).
- Consent procedures.
- Analyzing patient flow to determine optimal strategies for integrating screening into clinic operations.
- Reimbursement procedures.

- Linkage to medical care, partner services, and other prevention services.
- Service integration (including screening and testing for STDs, hepatitis B, hepatitis C, and TB), if appropriate.
- Delivering services in a culturally and linguistically appropriate manner.
- Quality assurance.
- Data collection, management, and reporting.
- Program monitoring and evaluation.
- Using data to monitor and guide services.

Attachment 4. Summary of Application Page Limits and Point Values

Application Content	Page Limit
Part A – HIV Screening and HIV Counseling, Testing, and Referral	
1. Program Services	
Category 1 – HIV Screening in Healthcare Settings	
A. Past Experience	≤ 3
B. Target Population and Justification of Need	≤ 2
C. Program Objectives	≤ 2
D. Program Plan	
1) HIV Screening	*≤ 19*
a)	
b)	
c)	
d)	
e)	
f)	
g)	
h)	
i)	
j)	
k)	
2) Service Integration (Optional)	*≤ 6*
Category 2 – HIV Counseling, Testing, and Referral (CTR) In Non-Healthcare Settings	
a. Past Experience	≤ 3
b. Target Population and Justification of Need	≤ 2
c. Program Objectives	≤ 2
d. Program Plan	
1) HIV Counseling, Testing, and Referral	≤ 19
a)	
b)	
c)	
d)	
e)	
f)	
g)	
h)	
2) Service Integration (Optional)	≤ 6
2. Program Support	
Categories 1 and 2	
a. Management and Planning	≤ 1
b. Training	≤ 3

Application Content	Page Limit
c. Technical Assistance	≤ 3
d. Staffing	N/A
e. Quality Assurance (QA)	≤ 3
f. Data Collection And Reporting	≤ 4
g. Monitoring and evaluation	<2
Part B – Enhanced Linkage to Medical Care and Partner Services (Optional)	
1. Program Services	
b. Program Objectives	≤ 2
c. Program Plan	
1) Enhanced Linkage	≤ 8
a)	
b)	
c)	
d)	
e)	
f)	
g)	
h)	
i)	
j)	
k)	
2. Program Support	
b. Training and Technical Assistance	≤ 1
c. Staffing	N/A
d. Quality Assurance (QA)	≤ 1
e. Data Collection and Reporting	≤ 1
Budget and Justification	N/A
Appendix Items	≤ 50 appendices ≤ 100 pages

Attachment 5. Sample Table of Contents for Application

Attachment 6. Suggested Format for Summary Table of Program Objectives

PROGRAM AREAS		OBJECTIVES		
		YEAR 1	***YEAR 2***	***YEAR 3***
Part A – HIV Screening and HIV Counseling, Testing, and Referral				
Number of HIV Tests	Category 1 *(Healthcare Settings)*			
	Category 2 *(Non-Healthcare Settings)*			
	Total			
Part B – Enhanced Linkage to Medical Care and Partner Services				
% of newly diagnosed HIV-infected persons	a. Who attend an initial medical evaluation within 90 days of diagnosis	%	%	%
	b. For whom partner services are initiated within 30 days of diagnosis.	%	%	%
	c. Linked to care who receive appropriate STD, hepatitis, and TB screening services, as recommended by CDC, during their initial medical visit	%	%	%
	d. Linked to care who are still in care three months after their first medical appointment	%	%	%

Attachment 7. Suggested Format for Summarizing Staffing Plans

Position Title	Staff Type: Existing (provide name) or new (to be hired)	Roles and Responsibilities	Estimated % of Time to be Spent on This Program*	Annual Salary	Amount Requested**
Part A – HIV Screening and HIV Counseling, Testing, and Referral					
1.					
2.					
3.					
4.					
5. Add rows as needed					
Part B – Enhanced Linkage to Medical Care and Partner Services					
1.					
2.					
3.					
4. Add rows as needed					

* % of FTE (for example, 0.5 FTE)

** Amount requested under this FOA, only. If the position is being paid for from other funding sources (e.g., other CDC cooperative agreement, state or local funds, in-kind) this should be entered as "0." If the position is being paid for in part from other funding sources, only the amount being requested under this FOA should be entered.